2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # P38074

1. Entity Name

Principal Place of Business

2. Principal Place of Business

1725 DESALES ST., NW

WASHINGTON DC 20036

Suite, Apt. #, etc.

449 CENTRAL AVE. SUITE 200

SIGNATURE

ST PETERSBURG FL 33701

SUITE 600

THE OCEAN CONSERVANCY, INC.



Mailing Address 1725 DESALES ST., NW SUITE 600 WASHINGTON DC 20036

FILED Mar 10, 2003 8:00 am & Secretary of State

03-10-2003 90172 049 ****61.25



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 23-7245152	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired		Not Applicable 8.75 Additional ee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, DAVID

3. Mailing Address

Suite, Apt. #, etc.

Street Address (P.O. Box Number is Not Acceptable)

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

City

Signature, typed or printed name of registered agent and title if applicab	le

(NOTE: Registered Agent signature required when reinstating)

DATE

Zip Code

FILE NOW: FEE IS \$61.25		 Election Campaign Financing Trust Fund Contribution. 		S5.00 May Be Added to Fees Make Check Payable to Florida Department of State			to State	
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHLEN, CURTIS E.U. 4710 QUEBEC STREET, NW WASHINGTON DC 20016	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bohlen, Jane 4710 Quebec	t Trowbride	☐ Change ge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DTC GRESH, PHILIP M. 1140 WEST BRYN MAWR AVENUE ITASCA IL 60143	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Gresh, Phili 3600 West La Glenview, IL	p M. ke Ave.	X Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	JAMES, FERMAN 1300 W KENNEDY BLVD TAMPA FL 33606 DS	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PHILLPI, SCANLAB 1832 VILLAFE CT FERNANDINA BEACH FL 32034	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scanlan, Phi 1832 Village Amelia Island	CT	⅓ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MARTIN, SUSAN ONE 5TH AVE., APT. 20C NEW YORK NY 10003	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair Martin, Susan One 5th Ave.	n , Apt. 20C	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	New York, NY	-10003	☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

Admin.

SIGNATURE: 4

202-429-5609