

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90006 045 \*\*\*\*61.25

**DOCUMENT # P38074**

1. Entity Name  
THE OCEAN CONSERVANCY, INC.



Principal Place of Business

1725 DESALES ST., NW  
SUITE 600  
WASHINGTON, DC 20036 US

Mailing Address

1725 DESALES ST., NW  
SUITE 600  
WASHINGTON, DC 20036 US

XXXXXXXXXX



02242004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-7245152

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WHITE, DAVID  
449 CENTRAL AVE.  
SUITE 200  
ST PETERSBURG, FL 33701

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	D BOHLEN, JANET T
STREET ADDRESS CITY-ST-ZIP	4710 QUEBEC STREET, NW WASHINGTON, DC 20016
TITLE NAME	VC GRESH, PHILIP M.
STREET ADDRESS CITY-ST-ZIP	3600 WEST LAKE AVE. GLENVIEW, IL 60025
TITLE NAME	D JAMES, FERMAN
STREET ADDRESS CITY-ST-ZIP	1300 W KENNEDY BLVD TAMPA, FL 33606
TITLE NAME	DS SCANLAN, PHILLIP
STREET ADDRESS CITY-ST-ZIP	1832 VILLAFE CT FERNANDINA BEACH, FL 32034
TITLE NAME	C MARTIN, SUSAN
STREET ADDRESS CITY-ST-ZIP	ONE 5TH AVE., APT. 20C NEW YORK, NY 10003
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 another like empowered.

SIGNATURE: *Thomas F. Tepper, Jr.* Thomas F. Tepper, Jr.

4/26/04

(202)429-5609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #