

1.) CORPORATION NAME:

**NATIONAL WILDLIFE FEDERATION**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F0227845**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11100 WILDLIFE CENTER DR

CITY/ST/ZIP: RESTON, VA 20190-5362

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	LARRY SCHWEIGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11100 WILDLIFE CENTER DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20190-5362		

NAME:	JULIE BLESSYN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	11100 WILDLIFE CENTER DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	DULCE GOMEZ-ZORMELO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11100 WILDLIFE CENTER DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20190-5362		

NAME:	JOHN ASHLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	11100 WILDLIFE CENTER DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20190-5362		

NAME:	JAIME MATYAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	11100 WILDLIFE CENTER DR		
CITY/ST/ZIP/CO:	RESTON, VA 20190-5362		

NAME:	CRAIG D THOMPSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11100 WILDLIFE CENTER DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME: BARBARA G MCINTOSH  OFFICER  DIRECTOR  
TITLE: SECRETARY  
ADDRESS: 11100 WILDLIFE CENTER DRIVE  
CITY/ST/ZIP/CO: RESTON, VA 20190

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DULCE GOMEZ-ZORMELO</u>	<u>DULCE GOMEZ-ZORMELO,</u>	<u>5/3/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.