

1.) CORPORATION NAME:

**NATIONAL WILDLIFE FEDERATION**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0227845**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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.

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

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

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

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

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID CARRUTH	
TITLE:	DIRECTOR	
ADDRESS:	11100 WILDLIFE CENTER DR	
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/ JOHN ASHLEY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOHN ASHLEY, ASST TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>4/17/2014</u> DATE
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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.