

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004043

FILED  
Jun 08, 2006  
Secretary of State

Entity Name: ULI-THE URBAN LAND INSTITUTE (INCORPORATED)

**Current Principal Place of Business:**

1025 THOMAS JEFFERSON ST. NW, SUITE 500W  
WASHINGTON, DC 20007

**New Principal Place of Business:**

**Current Mailing Address:**

1025 THOMAS JEFFERSON ST. NW, SUITE 500W  
WASHINGTON, DC 20007

**New Mailing Address:**

FEI Number: 53-0159845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COLEMAN, CARLA  
2401 EAST ATLANTIC BLVD., SUITE 400  
POMPANO BEACH, FL 330625243 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: TAYLOR, MARILYN J  
Address: 490 WEST END AVENUE  
City-St-Zip: NEW YORK, NY 10024

Title: P      ( ) Delete  
Name: ROSAN, RICHARD M  
Address: 2950 DAVENPORT ST. NW  
City-St-Zip: WASHINGTON, DC 20008

Title: V      ( ) Delete  
Name: CUMMINS, CHERYL  
Address: 20 TORRANCE COURT  
City-St-Zip: KENSINGTON, MD 20895

Title: S      ( ) Delete  
Name: RATKOVICH, WAYNE  
Address: 201 SOUTH PLYMOUTH BOULEVARD  
City-St-Zip: LOS ANGELES, CA 90004

Title: T      ( ) Delete  
Name: REISS, DALE  
Address: 5 TIMES SQUARE, 16TH FLOOR  
City-St-Zip: NEW YORK, NY 100366530

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL TERSECK

CFO

06/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date