

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006883

1. Entity Name

THE PRINCE OF WALES FOUNDATION, INC.

Principal Place of Business

888 17TH STREET, N.W.
SUITE 201
WASHINGTON DC 20006

Mailing Address

888 17TH STREET, N.W.
SUITE 201
WASHINGTON DC 20006

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-3820023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME KENT, GEOFFREY J W
STREET ADDRESS BAHATI, MASAI LANE
CITY-ST-ZIP LANGATA, KENYA

TITLE S ☐ Delete
NAME WHEELER, CAROLINE
STREET ADDRESS 9301 N. A1A, STE. 1
CITY-ST-ZIP VERO BEACH FL 32963

TITLE DT ☐ Delete
NAME HIGDON, ROBERT
STREET ADDRESS 888 17TH ST., N.W., STE. 201
CITY-ST-ZIP WASHINGTON DC 20006

TITLE D ☐ Delete
NAME BOLLAND, MARK
STREET ADDRESS ST. JAMES PALACE
CITY-ST-ZIP LONDON, ENGLAND

TITLE D ☐ Delete
NAME FORBES, CHRISTOPHER
STREET ADDRESS 60 5TH AVE.
CITY-ST-ZIP NEW YORK NY 10011

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90061 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)