

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

COUNTY - TALLAHASSEE; FILE NO: 15

DOCUMENT # **P22519** (3)

1. Corporation Name
THE URBAN INSTITUTE CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2100 M STREET, NW WASHINGTON DC 20037	Mailing Address 2100 M STREET, NW WASHINGTON DC 20037
---	---

3. Date Incorporated or Qualified 01/11/1989	3a. Date of Last Report 04/28/1994
4. FEI Number 52-0880375	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
---	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199 F12 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GORHAM, WILLIAM 2100 M STREET, NW WASHINGTON DC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COELEN, CRAIG G 2100 M STREET, NW WASHINGTON DC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT GRANT, H. MORTON 2100 M STREET, NW WASHINGTON DC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PLANANSKY, ROBERT G 2100 M ST. N.W. WASHINGTON DC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEUTCH, JOHN M. MASS INSTITUTE OF TECH. CAMBRIDGE MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURKE, JAMES E. 405 LEXINGTON AVE. 16TH FL. NEW YORK NY 10174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D FLEISHMAN, JOEL L. ATLANTIC PHILANTHROPIC SERVICE CO., INC. 521 FIFTH AVE., 20TH FL., NEW YORK, NY
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D McLAUGHLIN, ANN 4320 GARFIELD STREET, N.W. WASHINGTON, D.C. 20007

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report as a requirement with no additions.

SIGNATURE: *H. Morton Grant* **H. Morton Grant, VP & Controller** 4/19/95 (202) 857-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #