

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P22519 (3)**

1. Corporation Name  
**THE URBAN INSTITUTE CORPORATION**



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: **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>52-0880375</b>	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
		<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORHAM, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>2100 M STREET, NW</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COELEN, CRAIG G</b>	2.2 NAME	
STREET ADDRESS	<b>2100 M STREET, NW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANT, H. MORTON</b>	3.2 NAME	
STREET ADDRESS	<b>2100 M STREET, NW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLANANSKY, ROBERT G</b>	4.2 NAME	
STREET ADDRESS	<b>2100 M ST. N.W.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEISHMAN, JOEL L</b>	5.2 NAME	
STREET ADDRESS	<b>ATLANTIC PHILANTHROPIC SVC CO, INC</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>521 FIFTH AVE 20</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLAUGHLIN, ANN</b>	6.2 NAME	
STREET ADDRESS	<b>4320 GARFIELD ST, NW</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	6.4 CITY-ST-ZIP	

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 119.07(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 or Block 14 or on an attachment with an address.

SIGNATURE: *H. Morton Grant* **H. Morton Grant, Vice President & Controller** 4/24/96 (202)857-8711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)