


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P22519 1. Entity Name THE URBAN INSTITUTE CORPORATION	
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Principal Place of Business 2100 M STREET, NW WASHINGTON, DC 20037	Mailing Address 2100 M STREET, NW WASHINGTON, DC 20037
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DO NOT WRITE IN THIS SPACE



03022005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 52-0880375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REISCHAUER, ROBERT D 2100 M STREET, NW WASHINGTON, DC 20037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO ROGERS, JOHN R 2100 M STREET, NW WASHINGTON, DC 20037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GRANT, H. MORTON 2100 M STREET, NW WASHINGTON, DC 20037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PLANANSKY, ROBERT G 2100 M ST. N.W. WASHINGTON, DC 20037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COURRIER, KATHLEEN 2100 N ST., NW WASHINGTON, DC 20037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEIER, BRENA P 2100 M ST NW WASHINGTON, DC 20037

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1100000329211
04/25/05-80109-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: H. Morton Grant, VP & Treasurer *H. Morton Grant* 4/29/05 202-261-5711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #