

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22519

FILED
Apr 03, 2009
Secretary of State

Entity Name: THE URBAN INSTITUTE CORPORATION

Current Principal Place of Business:

2100 M STREET, NW
WASHINGTON, DC 20037

New Principal Place of Business:

Current Mailing Address:

2100 M STREET, NW
WASHINGTON, DC 20037

New Mailing Address:

FEI Number: 52-0880375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: REISCHAUER, ROBERT D
Address: 2100 M STREET, NW
City-St-Zip: WASHINGTON, DC 20037

Title: CFOT () Delete
Name: ROGERS, JOHN R
Address: 2100 M STREET, NW
City-St-Zip: WASHINGTON, DC 20037

Title: EVP () Delete
Name: ROGERS, JOHN R
Address: 2100 M STREET, NW
City-St-Zip: WASHINGTON, DC 20037

Title: VS () Delete
Name: PLANANSKY, ROBERT G
Address: 2100 M ST. N.W.
City-St-Zip: WASHINGTON, DC 20037

Title: VC () Delete
Name: COURRIER, KATHLEEN
Address: 2100 M ST NW
City-St-Zip: WASHINGTON, DC 20037

Title: () Delete
Name:
Address:
City-St-Zip:

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: S (X) Change () Addition
Name: SCHIFTER, MAIDA
Address: 2100 M ST. N.W.
City-St-Zip: WASHINGTON, DC 20037

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

Title: AT () Change (X) Addition
Name: MADDEN, EVERETT I
Address: 2100M ST NW
City-St-Zip: WASHINGTON, DC 20037

I hereby certify that the information supplied with this filing does not qualify 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: EVERETT I. MADDEN

AT

04/03/2009

Electronic Signature of Signing Officer or Director

Date