

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 29 AM 7: 25

DOCUMENT # **P33026** (6)  
1. Corporation Name  
**POINTS OF LIGHT FOUNDATION "INCORPORATED"**

Principal Place of Business Mailing Address  
1737 H STREET, N.W. WASHINGTON DC 20006  
1737 H STREET, N.W. WASHINGTON DC 20006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/05/1991** 3a. Date of Last Report **03/10/1994**  
4. FBI Number **65-0206641** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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

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

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
CD CHAMBERS, RAYMOND G. 310 SOUTH STREET MORRISTOWN NJ  
CD MUNRO, J. RICHARD 300 1ST STAMFORD PLACE STAMFORD CT  
D HEARD, MARIAN 736 JACKSON PLACE WASHINGTON DC  
D AKERS, JOHN F. OLD ORCHARD ROAD ARMONK NJ  
D RICHARD F. SCHUBERT 1737 H STREET, N.W. WASHINGTON DC 20006  
D BANKS, RED ELK 1315 E. 24TH STREET MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE **D**  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE **S**  Change  Addition  
22 NAME **JOSEPH DIAMOND**  
23 STREET ADDRESS **919 THIRD AVENUE**  
24 CITY-ST-ZIP **NEW YORK, NY 10022**  
31 TITLE **D**  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE **ROB V**  Change  Addition  
52 NAME **ROBERT K. GODWIN**  
53 STREET ADDRESS **1737 H STREET, NW**  
54 CITY-ST-ZIP **WASHINGTON, DC 20006**  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 if changed, or on an attachment with an address.

SIGNATURE: Robert K. Godwin **ROBERT K. GODWIN** 3/21/95 (302)228-9186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in Florida)