

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90026 017 \*\*\*\*61.25

**DOCUMENT # P33026**

1. Entity Name

**POINTS OF LIGHT FOUNDATION "INCORPORATED"**

Principal Place of Business POINTS OF LIGHT FOUNDATION #400 EYE ST., NW STE 800 WASHINGTON DC 20005	Mailing Address POINTS OF LIGHT FOUNDATION #400 EYE ST., NW STE 800 WASHINGTON DC 20005
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0206641</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

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.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, RAYMOND G.	NAME	
STREET ADDRESS	310 SOUTH STREET	STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, JOSEPH	NAME	
STREET ADDRESS	1675 BROADWAY, 24TH FL.	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARD, MARIAN	NAME	
STREET ADDRESS	736 JACKSON PLACE	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTHAL, LESTER M.	NAME	
STREET ADDRESS	5400 LEGACY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POINTS OF LIGHT FOUNDATION	NAME	
STREET ADDRESS	1400 EYE ST., STE 800	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20005	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, EDWARD L.	NAME	
STREET ADDRESS	411 THEODORE FREMD AVE.	STREET ADDRESS	
CITY-ST-ZIP	RYE NY	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edward L. Gardner* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **REQUIRED** 3/1/00 (202) 729-8148 **Date** **Daytime Phone #**

CR2E037 (9/99)