

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90015 006 ****61.25

DOCUMENT # P33026

1. Entity Name

POINTS OF LIGHT FOUNDATION "INCORPORATED"

Principal Place of Business

Mailing Address

1400 EYE ST., N.W., STE. 800
 WASHINGTON DC 20005

1400 EYE ST., N.W., STE. 800
 WASHINGTON DC 20005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0206641

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **CHAMBERS, RAYMOND G.**
 STREET ADDRESS **310 SOUTH STREET**
 CITY-ST-ZIP **MORRISTOWN NJ**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **DIAMOND, JOSEPH**
 STREET ADDRESS **1675 BROADWAY, 24TH FL.**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE Change Addition
 NAME *Secretary Charles Berry*
 STREET ADDRESS *1675 Broadway, 24th Fl*
 CITY-ST-ZIP *New York, NY 10019*

TITLE **D** Delete
 NAME **HEARD, MARIAN**
 STREET ADDRESS **736 JACKSON PLACE**
 CITY-ST-ZIP **WASHINGTON DC**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ALBERTHAL, LESTER M.**
 STREET ADDRESS **5400 LEGACY DRIVE**
 CITY-ST-ZIP **PLANO TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **POINTS OF LIGHT FOUNDATION**
 STREET ADDRESS **1400 EYE ST., STE 800**
 CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GARDNER, EDWARD L.**
 STREET ADDRESS **411 THEODORE FREMD AVE.**
 CITY-ST-ZIP **RYE NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

ROBERT K. GOODWIN
ROBERT K. GOODWIN
 President/CEO

03-07-02

729-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)