## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P33026

FILED Jan 22, 2008 Secretary of State

Entity Name: POINTS OF LIGHT FOUNDATION "INCORPORATED"

**Current Principal Place of Business: New Principal Place of Business:** 1400 EYE ST., N.W., STE. 800 WASHINGTON, DC 20005 **Current Mailing Address: New Mailing Address:** 1400 EYE ST., N.W., STE. 800 WASHINGTON, DC 20005 FEI Number: 65-0206641 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MICHELLE, NUNN Name: Name: 600 MEANS STREET, SUITE 210 Address: Address: City-St-Zip: ATLANTA, GA 30318 City-St-Zip: Title: () Delete Title: () Change () Addition GLEDHILL, DOUGLAS Name: Name: Address: 1400 EYE ST., N.W., STE. 800 Address: City-St-Zip: WASHINGTON, DC 20005 City-St-Zip: Title: () Delete Title: () Change () Addition MARCIA, BULLARD Name: Name: 7950 JONES BRANCH DRIVE, 2ND FLOOR Address: Address: City-St-Zip: MCLEAN, VA 22107 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BERNARD, MILANO J Name: Name: THREE CHESTNUT RIDGE ROAD Address: Address: City-St-Zip: MONTVALE, NJ 07645 City-St-Zip: Title: () Delete Title: () Change () Addition TERRY, WILLIAMS Name: Name: 4427 WESTOVER PLACE, NW Address: Address: City-St-Zip: WASHINGTON, DC 20016 City-St-Zip: Title: () Delete Title: () Change () Addition HEARD, MARIAN Name: Name: Address: 695 ATLANTIC AVENUE, 8TH FLOOR Address: BOSTON, MA 02111 City-St-Zip: City-St-Zip:

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: DOUGLAS GLEDHILL CFO 01/22/2008