

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33026

FILED
Mar 25, 2009
Secretary of State

Entity Name: POINTS OF LIGHT FOUNDATION "INCORPORATED"

Current Principal Place of Business:

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

New Principal Place of Business:

600 MEANS STREET
SUITE 210
ATLANTA, DC 30318

Current Mailing Address:

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

New Mailing Address:

600 MEANS STREET
SUITE 210
ATLANTA, GA 30318

FEI Number: 65-0206641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: P () Delete
Name: MICHELLE, NUNN
Address: 600 MEANS STREET, SUITE 210
City-St-Zip: ATLANTA, GA 30318

Title: T () Delete
Name: GLEDHILL, DOUGLAS
Address: 1400 EYE ST., N.W., STE. 800
City-St-Zip: WASHINGTON, DC 20005

Title: D () Delete
Name: MARCIA, BULLARD
Address: 7950 JONES BRANCH DRIVE, 2ND FLOOR
City-St-Zip: MCLEAN, VA 22107

Title: D () Delete
Name: BERNARD, MILANO J
Address: THREE CHESTNUT RIDGE ROAD
City-St-Zip: MONTVALE, NJ 07645

Title: D () Delete
Name: TERRY, WILLIAMS
Address: 4427 WESTOVER PLACE, NW
City-St-Zip: WASHINGTON, DC 20016

Title: D () Delete
Name: HEARD, MARIAN
Address: 695 ATLANTIC AVENUE, 8TH FLOOR
City-St-Zip: BOSTON, MA 02111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: KRISS, TEECE
Address: 600 MEANS STREET, SUITE 210
City-St-Zip: ATLANTA, GA 30318

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: () Change () Addition
Name:
Address:
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: FEMI OSHOBUKOLA

D

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date