2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736300

1. Entity Name
THE NEGRO EDUCATIONAL REVIEW, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 10 AM 11:30

Principal Place of Business	Mailing Address
FLORIDA A & M UNIVERSITY SUITE #115, UNIT #1 ORR DR TALLAHASSEE, FL 32301	FLORIDA A & M UNIVERSITY SUITE #115, UNIT #1 ORR DR TALLAHASSEE, FL 32301

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
NER Editorial Offices	NER Editorial Offices
Suite, Apt. #, etc. 663 Ardelia Ct - FAMU Campus	Suite, Apt. #, etc. FAMU Box 70425
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip / Country 32307 / USA	Zip / Country 32307 / USA

4. FEI Number: 59-6603060 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, CHARLES U FLORIDA A & M UNIVERSITY SUITE #115, UNIT #1 ORR DR TALLAHASSEE, FL 32307	Name: (SAME) Charles U. Smith Street Address (P.O. Box Number is Not Acceptable): Florida A&M University - NER Editorial Offices 663 Ardelia Ct , Suite 115 City: Tallahassee FL Zip Code: 32307

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICHARDSON, F. C. 4201 GRANT LINE RD NEW ALBANY, IN 471506405	☐ Delete		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOLLOWAY, WILLIAM J 4450 S PARK AVE #309 CHEVY CHASE, MD 20815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 2039 Arrowhead Drive, Apt. 2-B Merrillville, IN 46410	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEWART, MAC A 154 W 12 AVE COLUMBUS, OH 43015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 3618 Littledale Rd., #213 Kensington, MD. 20895	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OLION, LADELLE 604 LARKSPUR DR FAYETTEVILLE, NC 28311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 190 North Oval Mall / 102 Brickler Hall Columbus, OH 43210	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 200016234442 04/18/03--01007--025 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D MERCER, WALTER A 1111 Hastie Rd ; Tallahassee, FL 32305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: F.C. Richardson F.C. RICHARDSON 3/29/03 (219)791-9044