03

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

FILED

03 MAY 27 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98 00000 1827

1. Entity Name

Wyclef Jean Foundation, Inc.

DO NOT WRITE IN THIS SPACE

900019875039
05/27/03--01061--004 **70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
420 Lexington Ave	420 Lexington Ave
Suite, Apt. #, etc. Suite 1633A	Suite, Apt. #, etc. Suite 1633A
City & State NY NY	City & State ny ny
Zip 10170 Country USA	Zip 10170 Country USA

4. FEI Number 65-0823881 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Stella Mc Laughlin

Street Address (P.O. Box Number is Not Acceptable) 9325 Southwest 181st Street

City Miami **FL** Zip Code 33157

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 X Stella Mc Laughlin May 15, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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 2001

TITLE	Executive Director
NAME	Chantal Prud'Homme
STREET ADDRESS	504 Manhattan ave 4R
CITY-ST-ZIP	New York, ny 10027
TITLE	Board Member
NAME	Wyclef Jean
STREET ADDRESS	228 Higland Road
CITY-ST-ZIP	South Orange, NJ 07079
TITLE	Board Member
NAME	Samuel Jean
STREET ADDRESS	228 Highland Rd
CITY-ST-ZIP	South Orange, NJ 07079
TITLE	Board Member
NAME	Joe Voss
STREET ADDRESS	2125 W. Irving Park Rd
CITY-ST-ZIP	Chicago, IL 60618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #