

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005058

Entity Name: PROJECT VOTE/VOTING FOR AMERICA, INC.

FILED
Mar 04, 2016
Secretary of State
CC0695694578

Current Principal Place of Business:

1420 K STREET, NW
SUITE 700
WASHINGTON, DC 20005

Current Mailing Address:

1420 K STREET, NW
SUITE 700
WASHINGTON, DC 20005 US

FEI Number: 72-1268719

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Officer/Director Detail :

Title C
Name BRERETON, RENEE
Address 4429 COLORADO AVE. NW
City-State-Zip: WASHINGTON DC 20011

Title D
Name GREER, CHRISTINA
Address 113 W 60TH STREET 9TH FLOOR
City-State-Zip: NEW YORK NY 10023

Title P
Name MICHAEL, SLATER
Address 1350 I ST. NW
City-State-Zip: WASHINGTON DC 20005

Title TREASURER, SECRETARY
Name COLE, LEIGH-ANNE
Address 27 CENTURY STREET
City-State-Zip: SOMERVILLE MA 02145

Title CHAIRMAN
Name GROARKE, MARGARET
Address 3330 GILES PLACE
2D
City-State-Zip: BRONX NY 10463

Title VC
Name WRIGHT, EMERY
Address 9 GAMMON AVE
City-State-Zip: ATLANTA GA 30315

Title DIRECTOR
Name MASTERS, BOB
Address 90 PINE STREET
37TH FLOOR
City-State-Zip: NY NY 10005

Title DIRECTOR
Name RIVERA, GUSTAVO
Address 2751 UNIVERSITY AVE
2D
City-State-Zip: BRONX NY 10468

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I hereby 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 all other like empowered.

SIGNATURE: BRIAN MELLOR

ASST. SECRETARY

03/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHAUB, HELEN
Address 35-33 76TH ST
#21
City-State-Zip: NY NY 11372

Title DIRECTOR
Name PIVEN, FRANCIS
Address 35 CLAREMONT AVE
11-S
City-State-Zip: NY NY 10027

Title DIRECTOR
Name KAPLAN, CRAIG
Address 214 E 18TH STREET
City-State-Zip: NY NY 10003

Title ASST. SECRETARY
Name MELLOR, BRIAN
Address 805 15TH ST., NW
City-State-Zip: WASHINGTON DC 20005