

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002250

**Entity Name:** NEW VENTURE FUND, INC.

**Current Principal Place of Business:**

1201 CONNECTICUT AVE NW, SUITE 300  
WASHINGTON, DC 20036

**Current Mailing Address:**

1201 CONNECTICUT AVE NW, SUITE 300  
WASHINGTON, DC 20036 US

**FEI Number:** 20-5806345

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

URS AGENTS, LLC  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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 DIRECTOR  
Name DRUCKER, HARRY  
Address 1201 CONNECTICUT AVE NW, SUITE 300  
City-State-Zip: WASHINGTON DC 20036

Title SECRETARY  
Name KESSLER, ERIC  
Address 1201 CONNECTICUT AVE NW, SUITE 300  
City-State-Zip: WASHINGTON DC 20036

Title BOARD CHAIR  
Name EICHBERG, ADAM  
Address 1201 CONNECTICUT AVE NW, SUITE 300  
City-State-Zip: WASHINGTON DC 20036

Title TREASURER, VICE-CHAIR  
Name MILLER, KATHERINE  
Address 1201 CONNECTICUT AVE NW, SUITE 300  
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR  
Name DODSON, DARYN  
Address 1201 CONNECTICUT AVE NW, SUITE 300  
City-State-Zip: WASHINGTON DC 20036

Title PRESIDENT  
Name BODNER, LEE  
Address 1201 CONNECTICUT AVE NW, SUITE 300  
City-State-Zip: WASHINGTON DC 20036

Title GENERAL COUNSEL  
Name SCHULZ, ANDREW  
Address 1201 CONNECTICUT AVE NW, SUITE 300  
City-State-Zip: WASHINGTON DC 20036

Title CFO  
Name PRIESTER, WILBUR  
Address 1201 CONNECTICUT AVE NW, SUITE 300  
City-State-Zip: WASHINGTON DC 20036

**Continues on page 2**

*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:** ANDREW SCHULZ

**GENERAL COUNSEL**

**04/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name PATHY, VATSALA

Address 1201 CONNECTICUT AVE NW, SUITE 300

City-State-Zip: WASHINGTON DC 20036