I hereby certify that the information indicated on this report or supplemental report is true and ac		
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to e	execute this report as required by Chapter 617, Florida	a Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: GREEN, LEILA	CFO	05/11/2023

SIGNATURE: GREEN, LEILA

I

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of 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.

#### **Officer/Director Detail :**

Title	CEO	Title	CFO
Name	COOPER, JAMES	Name	GREEN, LEILA
Address	1300 EYE STREET NW, SUITE 700 EAST	Address City-State-Zip:	1129 20TH ST., N.W. 9TH FLOOR WASHINGTON DC 20036
City-State-Zip:	WASHINGTON DC 20005		
Title	SECRETARY		
Name	RHOSHUNDA, KELLY		
Address	1300 EYE STREET NW, SUITE 700 EAST		
City-State-Zip:	WASHINGTON DC 20005		

1200 SOUTH PINE ISLAND ROAD

1300 EYE STREET NW, SUITE 700 EAST WASHINGTON, DC 20005

**Current Principal Place of Business:** 

DOCUMENT# F21000005433

### **Current Mailing Address:**

1129 20TH ST., N.W. 9TH FLOOR WASHINGTON, DC 20036

## FEI Number: 52-2080072

# Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM PLANTATION, FL 33324 US

Entity Name: CONFERENCE OF STATE BANK SUPERVISORS, INC.

### FILED May 11, 2023 Secretary of State 1959096252CC

Certificate of Status Desired: No

Date

Date