### 2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000005433

Entity Name: CONFERENCE OF STATE BANK SUPERVISORS, INC.

FILED
Mar 18, 2022
Secretary of State
4348908331CC

# **Current Principal Place of Business:**

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

## **Current Mailing Address:**

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

FEI Number: 52-2080072 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 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 Title CE

Name HALL, MELANIE Name FITE, THOMAS

Address 1129 20TH ST., N.W. 9TH FLOOR Address 1129 20TH ST., N.W. 9TH FLOOR

City-State-Zip: WASHINGTON DC 20036 City-State-Zip: WASHINGTON DC 20036

Title CFO Title VC

Name GREEN, LEILA Name KRUSE, LISE

Address 1129 20TH ST., N.W. 9TH FLOOR Address 1129 20TH ST., N.W. 9TH FLOOR

City-State-Zip: WASHINGTON DC 20036 City-State-Zip: WASHINGTON DC 20036

Title T Title S

Name CLARK, CHARLES Name SALAZAR, TONY

Address 1129 20TH ST., N.W. 9TH FLOOR Address 1129 20TH ST., N.W. 9TH FLOOR

City-State-Zip: WASHINGTON DC 20036 City-State-Zip: WASHINGTON DC 20036

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: GREEN, LEILA CFO