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: ROBERT M. BUCHANAN

Electronic Signature of Signing Officer/Director Detail

500 L'ENFANT PLAZA SW WASHINGTON, DC 20024 US

Current Principal Place of Business:

Entity Name: THE URBAN INSTITUTE CORPORATION

FEI Number: 52-0880375

Current Mailing Address:

DOCUMENT# P22519

500 L'ENFANT PLAZA SW WASHINGTON. DC 20024

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

FILED Mar 11, 2024 Secretary of State 4722862835CC

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	TREASURER	Title	DIRECTOR
Name	BUCHANAN, ROBERT M	Name	GORELICK, JAMIE S
Address	500 L'ENFANT PLAZA SW	Address	500 L'ENFANT PLAZA SW
City-State-Zip:	WASHINGTON DC 20024	City-State-Zip:	WASHINGTON DC 20024
Title	SECRETARY	Title	PRESIDENT
Title Name	SECRETARY TURNER, ADREA	Title Name	PRESIDENT WARTELL, SARAH ROSEN
Name	TURNER, ADREA	Name	WARTELL, SARAH ROSEN

TREASURER

03/11/2024

Date