

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22519

Entity Name: THE URBAN INSTITUTE CORPORATION

Current Principal Place of Business:

500 L'ENFANT PLAZA, SW
WASHINGTON, DC 20024

Current Mailing Address:

500 L'ENFANT PLAZA, SW
WASHINGTON, DC 20024 US

FEI Number: 52-0880375

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT
Name WARTELL, SARAH ROSE
Address 500 L'ENFANT PLAZA, SW
City-State-Zip: WASHINGTON DC 20024

Title DIRECTOR
Name GORELICK, JAMIE S
Address 500 L'ENFANT PLAZA, SW
City-State-Zip: WASHINGTON DC 20024

Title SECRETARY
Name GETSINGER, LIZA
Address 500 L'ENFANT PLAZA, SW
City-State-Zip: WASHINGTON DC 20024

Title VP, CONTROLLER AND ASSISTANT
 TREASURER
Name BUCHANAN, ROBERT M.
Address 500 L'ENFANT PLAZA, SW
City-State-Zip: WASHINGTON DC 20024

Title TREASURER
Name COLORETTI, NANI A.
Address 500 L'ENFANT PLAZA, SW
City-State-Zip: WASHINGTON DC 20024

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

AUTHORIZED PERSON

04/24/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date