

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **856275** (3)

1. Corporation Name  
**THE UNITED BLACK FUND OF AMERICA, INC.**

Principal Place of Business <b>1101 14TH ST NW STE 600 WASHINGTON DC 20005-3462 US</b>	Mailing Address <b>1101 14TH ST NW STE 600 WASHINGTON DC 20005-3462 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>04/27/1983</b>	4. FEI Number <b>23-7067271</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CHERRY, CHARLES  
429 S CAMPBELL (PO BOX 1110-32015)  
DAYTONA BEACH FL 32014**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	RUTLEDGE, PHILIP J.
STREET ADDRESS	835 PARK CENTRAL DRIVE NORTH
CITY-ST-ZIP	INDIANAPOLIS IA 46260
TITLE	PD
NAME	ROLARK, WILHELMINA J
STREET ADDRESS	524 FOXHALL PLACE, S.E.
CITY-ST-ZIP	WASHINGTON, D.C. 20032
TITLE	V
NAME	MOONE, JAMES C.
STREET ADDRESS	1204 PATOMAC VALLEY ROAD
CITY-ST-ZIP	ROCKVILLE MD
TITLE	T
NAME	MATHEWS, FRED
STREET ADDRESS	1240 4TH STREET, N.W.
CITY-ST-ZIP	WASHINGTON DC
TITLE	S
NAME	DAVILA, JOYCE S
STREET ADDRESS	5904 M EAGLE DR., #710
CITY-ST-ZIP	ALEXANDRIA VA
TITLE	D
NAME	SHIRLEY, JEFFERSON
STREET ADDRESS	4421 BLAINE STREET, N.E.
CITY-ST-ZIP	WASHINGTON DC 20019

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wilhelmina J. Rolark* 3-9-98 802 783-9300

CP2E037 (10/97)