

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000006056

1. Entity Name

CITIZENS FOR A SOUND ECONOMY EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

1250 H STREET, N.W.  
WASHINGTON DC 20005

1250 H STREET, N.W.  
WASHINGTON DC 20005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1527294

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME BECKNER, PAUL  
STREET ADDRESS 1250 H STREET, N.W.  
CITY-ST-ZIP WASHINGTON DC 20005 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME GABLE, WAYNE  
STREET ADDRESS 1250 H STREET, N.W.  
CITY-ST-ZIP WASHINGTON DC 20005 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME POSEY, THOMAS  
STREET ADDRESS 1250 H STREET, N.W.  
CITY-ST-ZIP WASHINGTON DC 20005 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD  
NAME KOCH, DAVID H  
STREET ADDRESS 667 MADISON AVE., 22ND FLOOR  
CITY-ST-ZIP NEW YORK NY 10021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME ATKINS, SARAH H  
STREET ADDRESS 4713 ROCK SPRING ROAD  
CITY-ST-ZIP ARLINGTON VA 22207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME THOMAS, JOHN  
STREET ADDRESS 3802 SWARTHMORE ROAD  
CITY-ST-ZIP DURHAM NC 27707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04-05-02

202-783-3870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0001927

FILED  
Apr 15, 2002 8:00 am  
Secretary of State

04-15-2002 90065 015 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE