

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # F07000004794

1. Entity Name

NATIONAL CENTER FOR CIVIC INNOVATION, INC.



Principal Place of Business

121 AVENUE OF THE AMERICAS
6TH FLOOR
NEW YORK, NY 10013

Mailing Address

121 AVENUE OF THE AMERICAS
6TH FLOOR
NEW YORK, NY 10013



02132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0590588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000843811
03/12/08-80010-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CURVIN, ROBERT
STREET ADDRESS	28 REYNOLDS PLACE
CITY-ST-ZIP	NEWARK, NJ 07106
TITLE	VC
NAME	FORSYTHE, DALL W
STREET ADDRESS	295 LAFAYETTE STREET, 2ND FLOOR
CITY-ST-ZIP	NEW YORK, NY 10012
TITLE	D
NAME	ABRAMS, ROBERT
STREET ADDRESS	180 MAIDEN LANE
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	D
NAME	BOSTON, ALLEN
STREET ADDRESS	5 TIMES SQUARE PLAZA
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	P
NAME	MCCORMICK, MARY
STREET ADDRESS	121 AVENUE OF THE AMERICAS, 6TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	VP
NAME	BERMAN, BARBARA COHN
STREET ADDRESS	121 AVENUE OF THE AMERICAS, 6TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10013

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #