

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90074 010 ****61.25

DOCUMENT # F96000002052



1. Entity Name
HUMAN RIGHTS CAMPAIGN, INC.

Principal Place of Business
**919 18TH STREET NW
SUITE 800
WASHINGTON DC 20006**

Mailing Address
**919 18TH STREET NW
SUITE 800
WASHINGTON DC 20006**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **52-1243457**
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**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BABA, GWEN		NAME		
STREET ADDRESS	919 18TH STREET NW, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20006		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARROWS, JOE		NAME		
STREET ADDRESS	919 18TH STREET NW, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20006		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAN, TERRY		NAME		
STREET ADDRESS	919 18TH STREET NW, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20006		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIRCH, ELIZABETH		NAME		
STREET ADDRESS	919 18TH STREET NW, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20006		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HURDLE, HARVEY		NAME		
STREET ADDRESS	919 18TH STREET NW, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20006		CITY-ST-ZIP		
TITLE	AVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, CATHY		NAME		
STREET ADDRESS	919 18TH STREET NW, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20006		CITY-ST-ZIP		

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* **2/24/03** **202-628-4160**

CP2E037 (10/02)