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Sep 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000005492 (1)**

1. Corporation Name

**NATIONAL HISPANIC SCHOLARSHIP FUND, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 728<br>NOVATO CA 94948 | P.O. BOX 728<br>NOVATO CA 94948-0728 |

3. Date Incorporated or Qualified: 10/22/1996
3a. Date of Last Report:

2. Principal Place of Business
21 One Sansome Street
Suite, Apt. #, etc.
22 Suite 1000
City & State
23 San Francisco, CA
Zip 24 94104 Country 25 USA

2a. Mailing Address
26 One Sansome Street
Suite, Apt. #, etc.
27 Suite 1000
City & State
28 San Francisco, CA
Zip 29 94104 Country 30 USA

4. FEI Number: 52-1051044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | C / D | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ALVAREZ, FRANK | | 1.2 NAME | |
| STREET ADDRESS | 341 FAIRWAY DR. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANTA ROSA CA 95409 | | 1.4 CITY-ST-ZIP | |
| TITLE | P | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROBLES, ERNEST Z | | 2.2 NAME | |
| STREET ADDRESS | 31 BLANCO DR. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NOVATO CA 94947 | | 2.4 CITY-ST-ZIP | |
| TITLE | C / D | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | TUCKER, SARA M | | 3.2 NAME | |
| STREET ADDRESS | 560 SPRUCE ST. | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA 94118 | | 3.4 CITY-ST-ZIP | |
| TITLE | S / D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | RANGEL, JESUS | | 4.2 NAME | |
| STREET ADDRESS | 37 HILLVALE DR. | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLAYTON MO 63105 | | 4.4 CITY-ST-ZIP | |
| TITLE | T / D | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROMERO, EDWARD L | | 5.2 NAME | 000002286420 |
| STREET ADDRESS | 1521 EAGLE RIDGE RD., NE | | 5.3 STREET ADDRESS | -09/08/97--01002--000 |
| CITY-ST-ZIP | ALBUQUERQUE NM 87122 | | 5.4 CITY-ST-ZIP | ***70.00 |
| TITLE | | ☐ DELETE | 6.1 TITLE | VC / D ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | Paul Ostergard |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 850 Third Avenue, 13th Floor |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | New York, NY 10043 |

RAW 9/4/97

CR2E037 (9/96)

14. I do 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: _____ DATE: 9/4/97