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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005492

1. Corporation Name

HISPANIC SCHOLARSHIP FUND, INC.

Principal Place of Business

ONE SANSOME STREET
SUITE 1000
SAN FRANCISCO CA 94104

Mailing Address

ONE SANSOME STREET
SUITE 1000
SAN FRANCISCO CA 94104



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/22/1996

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ, FRANK	
STREET ADDRESS	341 FAIRWAY DR.	
CITY-ST-ZIP	SANTA ROSA CA 95409	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	OSTERGARD, PAUL	
STREET ADDRESS	850 THIRD AVENUE, 13YH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10043	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TUCKER, SARA M	
STREET ADDRESS	560 SPRUCE ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94118	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	RANGEL, JESUS	
STREET ADDRESS	37 HILLVALE DR.	
CITY-ST-ZIP	CLAYTON MO 63105	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GAITAN, JOSE	
STREET ADDRESS	1420 FIFTH AVENUE #3500	
CITY-ST-ZIP	SEATTLE WA 98101	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BESERRA	
STREET ADDRESS	115 NEWBRIDGE TRACE	
CITY-ST-ZIP	ATLANTA GA 30319	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	West, Douglas M.	
1.3 STREET ADDRESS	19001 South Western Avenue	
1.4 CITY-ST-ZIP	Mail Drop A301	
2.1 TITLE	Torrance, CA 90509	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	D	
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dale Needles	
3.3 STREET ADDRESS	1650 Jackson Street, 304	
3.4 CITY-ST-ZIP	San Francisco, CA 94109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	DC	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DVC	
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, with all other like empowered.

SIGNATURE:

Dale Needles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/99

Date

(415) 445-9930

Daytime Phone #

CR2E037 (11/98)