2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005
Secretary of State

DOCUMENT# F96000005492

Entity Name: HISPANIC SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

55 SECOND STREET
15TH FL
SAN FRANCISCO, CA 94105

New Principal Place of Business:

Current Mailing Address:

55 SECOND STREET
15TH FL
SAN FRANCISCO, CA 94105

New Mailing Address:

FEI Number: 52-1051044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DT	( ) Delete
Name:	FARIAS, GEORGE L	
Address:	55 EAST 59TH STREET, 22ND FLOOR	
City-St-Zip:	NEW YORK, NY 10022	
Title:	DS	( ) Delete
Name:	ROMERO, RAUL R	
Address:	1717 PENNSYLVANIA AVENUE, N.W.	
City-St-Zip:	WASHINGTON, DC 20006	
Title:	DP	( ) Delete
Name:	TUCKER, SARA M	
Address:	560 SPRUCE ST.	
City-St-Zip:	SAN FRANCISCO, CA 94118	
Title:	DC	( ) Delete
Name:	BENJAMIN, ROGER DR.	
Address:	215 LEXINGTON AVENUE, 21ST FLOOR	
City-St-Zip:	NEW YORK, NY 10016	
Title:	DPC	(X) Delete
Name:	BESERRA, RUDY	
Address:	115 NEWBRIDGE TRACE	
City-St-Zip:	ATLANTA, GA 30319	
Title:	DVC	( ) Delete
Name:	ALVAREZ, FRANK D	
Address:	TMC HEALTHCARE 5301 EAST GRANT RD.	
City-St-Zip:	TUCSON, AZ 85712	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER E. JONES VP 05/23/2005

Electronic Signature of Signing Officer or Director — Date