

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90030 015 ****61.25

DOCUMENT # F96000005492

1. Entity Name

HISPANIC SCHOLARSHIP FUND, INC.



Principal Place of Business

55 SECOND STREET
15TH FL
SAN FRANCISCO CA 94105

Mailing Address

55 SECOND STREET
15TH FL
SAN FRANCISCO CA 94105



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

52-1051044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25,
Due By May 1, 2008**

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

TITLE DT ☐ Delete
NAME FARIAS, GEORGE L
STREET ADDRESS 55 EAST 59TH STREET, 22ND FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE DS ☐ Delete
NAME ROMERO, RAUL R
STREET ADDRESS 1717 PENNSYLVANIA AVENUE, N.W.
CITY-ST-ZIP WASHINGTON DC 20006

TITLE DP ☒ Delete
NAME OSTERGARD, PAUL
STREET ADDRESS 29 OXFORD DRIVE
CITY-ST-ZIP HILTON HEAD SC 29928

TITLE DC ☐ Delete
NAME BENJAMIN, ROGER DR.
STREET ADDRESS 215 LEXINGTON AVENUE, 21ST FLOOR
CITY-ST-ZIP NEW YORK NY 10016

TITLE DVC ☒ Delete
NAME ALVAREZ, FRANK D
STREET ADDRESS TMC HEALTHCARE 5301 EAST GRANT RD.
CITY-ST-ZIP TUCSON AZ 85712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Change ☐ Addition
NAME FRANK D. ALVAREZ
STREET ADDRESS 55 SECOND STREET, SUITE 1500
CITY-ST-ZIP SAN FRANCISCO, CA 94105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Heather Cleary

3/17/08

415-808-2332