

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000006883

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** THE PRINCE OF WALES FOUNDATION, INC.

**Current Principal Place of Business:**

888 17TH STREET, N.W.  
SUITE 201  
WASHINGTON, DC 20006

**New Principal Place of Business:**

**Current Mailing Address:**

888 17TH STREET, N.W.  
SUITE 201  
WASHINGTON, DC 20006

**New Mailing Address:**

**FEI Number:** 36-3820023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: D  
Name: KENT, GEOFFREY J W  
Address: 20 LOWER REGENT STREET  
City-St-Zip: LONDON, UK SW1Y 4PH

Title: DP  
Name: KAISER, MICHAEL  
Address: 2700 F STREET, NW  
City-St-Zip: WASHINGTON, DC 20566 US

Title: DT  
Name: MCKINNEY, SALLIE  
Address: 888 17TH ST., N.W., STE. 201  
City-St-Zip: WASHINGTON, DC 20006 US

Title: D  
Name: FERRAR, LESLIE  
Address: CLARENCE HOUSE  
City-St-Zip: LONDON, ENGLAND, UK SW1A 1BA

Title: D  
Name: FORBES, CHRISTOPHER  
Address: 60 5TH AVE.  
City-St-Zip: NEW YORK, NY 10011 US

I hereby 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 all other like empowered.

SIGNATURE: SALLIE W. MCKINNEY

DT

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date