FILED NOT-FOR-PROFIT CORPORATION May 13, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT #1 05-13-2002 90160 014 ****70.00 THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE, INC. DO NOT WRITE IN THIS SPACE 654937 2. Principal Place of Business 3. Mailing Address <u>475 Park Avenue South</u> <u>475 Park Avenue South</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 19th Floor 19th Floor City & State City & State 4. FEI Number Applied For New York, New York 10016 13-1809982 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent NATIONAL REGISTERED AGENT DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) <u>Park Avenue</u> IN THIS SPACE Zip Code Tallaha<u>ssee</u> 32301 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Initial or Amended UBR Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS President / CEO Cloud, Sanford Jr. STREET ADDRESS 475 Park Ave. South 19th Floor New York, NY 10016-6901 STREET AODRESS CITY ST-ZIP CITY-ST-ZIP Financial VP/ Comptroller TITLE NAME Aberasturi, Gloria NAME STREET ADDRESS 475 Park Ave. South 19th Floor STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP New York, NY 10016-6901 TITI E Secretary TITLE : NAME Kendrick, Cheryl D. NAME STREET ADDRESS 4699 Murphy Canyon Road San Diego, CA 92123-5 STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY - ST - ZIP Treasurer TITLE IN THIS SPACE

12. 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 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 on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:Gloria Aberastur

Christophe,

Stamford,

Durham,

Katagiri,

177 Broad Street

Ambassador Joseph,

NC

Iao

National Vice Chair

National Chair

P.O. Box 90545

P.O. Box 2138

Santa Monica,

Cleveland A.

06901

27708-0545

12th Floor

James A.

90407-2138

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IF

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