

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90003 031 \*\*\*\*61.25

**DOCUMENT # F98000004290** ✓

1. Entity Name

**CITIZENS FOR A SOUND ECONOMY, INC.**

Principal Place of Business

1250 H STREET, N.W.  
WASHINGTON DC 20005

Mailing Address

1250 H STREET, N.W.  
WASHINGTON DC 20005-3952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 700**

Suite, Apt. #, etc.

**Suite 700**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-1349353**

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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.

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **CAIN, GORDON**  
STREET ADDRESS **8 GREENWAY PLAZA EAST #702**  
CITY-ST-ZIP **HOUSTON TX 77046**

TITLE **T** ☐ Delete  
NAME **KORTE, DEBORAH**  
STREET ADDRESS **1250 H ST NW STE 700**  
CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE **C** ☐ Delete  
NAME **FOGG, JOSEPH G**  
STREET ADDRESS **400 POST AVENUE #404**  
CITY-ST-ZIP **WESTBURY NY 11590**

TITLE **D** ☐ Delete  
NAME **GRAY, C. B HON.**  
STREET ADDRESS **2445 M STREET NW**  
CITY-ST-ZIP **WASHINGTON DC 20037-1420**

TITLE **D** ☒ Delete  
NAME **GRAY, DEECY**  
STREET ADDRESS **1742 N STREET NW**  
CITY-ST-ZIP **WASHINGTON DC 20036**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **PAUL BECKNER**  
STREET ADDRESS **1250 H STREET, NW, SUITE 700**  
CITY-ST-ZIP **Washington, DC, 20005**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **WAYNE GABLE**  
STREET ADDRESS **1401 EYE STREET, NW, #300**  
CITY-ST-ZIP **WASHINGTON, DC, 20005**

TITLE **Director** ☐ Change ☒ Addition  
NAME **David H. Padden**  
STREET ADDRESS **100 West Monroe Street**  
CITY-ST-ZIP **Chicago, IL 60603-1901**

TITLE **Director** ☐ Change ☒ Addition  
NAME **James Arthur Pope**  
STREET ADDRESS **2520 Glenwood Avenue**  
CITY-ST-ZIP **Raleigh, NC 27608**

TITLE **Director** ☐ Change ☒ Addition  
NAME **James C. Miller, III**  
STREET ADDRESS **1250 H Street, NW, #700**  
CITY-ST-ZIP **Washington, DC 20005**

TITLE **Nancy** ☐ Change ☐ Addition  
NAME **White**  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Deborah Korte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/1/00** **202/944-2607**  
Date Daytime Phone #

137 (9/99)