

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90226 037 \*\*\*\*61.25

**DOCUMENT # N18465**

1. Entity Name

**THE HENRY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

180 GOMEZ ROAD  
 HOBE SOUND FL 33455  
 US

1900 M STREET NW  
 STE 250  
 WASHINGTON DC 20036  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt.#, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-3488849**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HENRY, C. WOLCOTT, III**  
**180 GOMEZ RD.**  
**HOBE SOUND FL 33455**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENRY, C. WOLCOTT, III	
STREET ADDRESS	1900 M STREET NW STE 250	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HENRY, NANCY C.	
STREET ADDRESS	1900 M STREET NW STE 250	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, H. ALEXANDER	
STREET ADDRESS	1900 M STREET NW STE 250	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKELVY, NANCY H	
STREET ADDRESS	1900 M STREET NW STE 250	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAUSCH, MICHEAL	
STREET ADDRESS	102 N WESTGATE	
CITY-ST-ZIP	JACKSONVILLE IL 62650	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

202-887-8992

Daytime Phone #