

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # **N45606**

1. Entity Name

**AMENDMENT**

**URBAN FINANCIAL SERVICES COALITION  
FOUNDATION, INC**

FILED

02 JUL 24 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**600006856066--7**

-08/01/02--01051--019

\*\*\*\*\*61.25 \*\*\*\*\*61.25

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2. Principal Place of Business

**1300 L STREET N.W.**

Suite, Apt. #, etc.

**Suite 825**

City & State

**WASHINGTON, DC**

Zip

**20005**

Country

**US**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**52-1942262**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**PAUL WIGGINS**

Street Address (P.O. Box Number is Not Acceptable)

**ONE FINANCIAL PLAZA, 14<sup>TH</sup> FLR**

City

**FT. LAUDERDALE**

FL

Zip Code

**33394**

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IN THIS SPACE**

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.

**N/A**

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  
Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AD  
Sheila S. CRAWFORD / DUKE ENERGY  
400 S. TRYON ST. W003G  
CHARLOTTE, NC 28285**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VAD  
PATRICIA SCATES / WELLS FARGO  
ONE KAISER PLAZA, Suite 850  
OAKLAND, CA 94612**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
Richard Holmes / Comerica  
3131 E. Camelback Rd., Suite 200  
PHOENIX, AZ 85016**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
EARLINE LEWIS / BANK of AMERICA  
700 LOUISIANA, 13<sup>th</sup> Floor  
HOUSTON, TX 77002-2700**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
JOHN A. WOOD, FRB of KANSAS City  
925 GRAND BLVD.  
KANSAS CITY, MO 64198**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
Michele Lewis, BANK of AMERICA  
201 N. TRYON ST., 9<sup>th</sup> FLR  
CHARLOTTE, NC 28255**

TITLE  
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CITY - ST - ZIP

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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.

SIGNATURE: **Sheila S. Crawford** **Sheila S. Crawford** **6/28/02** **704-373-3452**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037B (12/01)