

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90012 030 *****70.00

2004

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N45606 1. Entity Name URBAN FINANCIAL SERVICES COALITION FOUNDATION, INC.			
Principal Place of Business 2121 X STREET NW, STE 800 WASHINGTON, DC 20037 US		Mailing Address 1300 L STREET NW SUITE 825 WASHINGTON, DC 20005 US	
2. Principal Place of Business 2121 K STREET NW Suite, Apt. #, etc. Suite 800 City & State Washington, DC Zip 20037 US		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 58-1942262		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIGGINS, PAUL ONE FINANCIAL PLAZA 14TH FLOOR FT LAUDERDALE, FL 33394		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of, the registered agent.			
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent's signature required when reissuing) DATE			
FILE NOW! FEES \$31.25 (2003-2004 Filing Period)		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD CRAWFORD, SHEILA S 524 AIKEN HUNT CIRCLE COLUMBIA, SC 29223	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TO JOHNSON, KIMBERLY A. 2600 W. BIG BEAVER RD. TROY, MI 48064
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD SCATES, PATRICIA ONE KAISER PLAZA, SUITE 850 OAKLAND, CA 94162	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SCATES, PATRICIA ONE KAISER PLAZA, SUITE 850 OAKLAND, CA 94162
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD LEWIS, EARLINE 700 LOUISIANA ST., 13TH FLOOR HOUSTON, TX 77002	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CAMERON, LARRY 1007 VENETIAN TERRACE CINCINNATI, OHIO 45224
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D THOMAS, DORIS 111 E. COURT STREET FLINT, MI 486021660	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD THOMAS, DORIS 111 E. COURT STREET FLINT, MI 48602-1650
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WOOD, JOHN A 925 GRAND BLVD. KANSAS CITY, MO 64199	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WILLIAMS, MICHAEL 677 WASHINGTON BLVD. STAMFORD, CT 06601
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LEWIS, NICHELE 201 N. TRYON STREET, 9TH FLOOR KANSAS CITY, MO 64199	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WILLIAMS, MICHAEL 677 WASHINGTON BLVD. STAMFORD, CT 06601
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 2-20-04 803-264-7385 SIGNATURE, TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR			

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☐ CHECK HERE IF MAKING CHANGES

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