2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45606

FILED Jan 12, 2010 Secretary of State

Entity Name: URBAN FINANCIAL SERVICES COALITION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

25528 ALDINE WESTFIELD RD.

#133

SPRING, TX 77373 US

Current Mailing Address: New Mailing Address:

25528 ALDINE WESTFIELD RD. #133 SPRING, TX 77373 US

FEI Number: 52-1942262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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:

Electronic Signature of Registered Agent Date

Elocatomic orginatare or regional

OFFICERS AND DIRECTORS:

Title: MBR

Name: WOOD, JOHN A

Address: 3535 BROADWAY, STE 200 City-St-Zip: KANSAS CITY, MO 641112545 US

Title: VP

Name: MCKINNEY, LEE

Address: 25528 ALDINE WESTFIELD RD. City-St-Zip: SPRING, TX 77373 US

Title: S

Name: LEWIS, EARLINE

Address: 700 LOUISIANA ST., 13TH FLOOR

City-St-Zip: HOUSTON, TX 77002

Title:

Name: KELLY, STACY

Address: 809 WEST 41/2 STREET
City-St-Zip: WINSTON-SALEM, NC 27150

Title:

Name: HENDRIX, CAROL A

Address: 121 W.FISHER AVENUE,STE 200 City-St-Zip: PHILADELPHIA, PA 191203243

Title:

 Name:
 OGLESBY, TONY B

 Address:
 6000 FELDWOOD ROAD

 City-St-Zip:
 ATLANTA, GA 303493652

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN A. WOOD MBR 01/12/2010