FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90153 020 ****70.00

90066131

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

DOCUMENT # N45606

1. Entity Name
URBAN FINANCIAL SERVICES COALITION FOUNDATION, INC.

PAGE 1 of 2

Principal Place of Business	Mailing Address
1300 L STREET NW SUITE 825 WASHINGTON, DC 20005 US	1300 L STREET NW SUITE 825 WASHINGTON, DC 20005 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2121 K STREET NW	2121 K STREET NW
Suite, Apt. #, etc.: Suite 800	Suite, Apt. #, etc.: Suite 800
City & State: WASHINGTON, DC	City & State: WASHINGTON, DC
Zip: 20037 Country: US	Zip: 20037 Country: US

4. FEI Number: 59-1942262 ☐ 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
WIGGINS, PAUL ONE FINANCIAL PLAZA 14TH FLOOR FT LAUDERDALE, FL 33394	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 registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when announcing)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRAWFORD, SHEILA S 400 S. TRYON STREET, WC03G CHARLOTTE, NC 28255	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PD Crawford, Sheila S 524 Aiken Hunt Circle Columbia, SC 29223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCATES, PATRICIA ONE KAISER PLAZA, SUITE 950 OAKLAND, CA 94162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAVIDSON, EARLINE 700 LOUISIANA ST., 13TH FLOOR HOUSTON, TX 77002	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP SD LEWIS, EARLINE 700 LOUISIANA ST. 13TH FLR. HOUSTON, TX 77002	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, DORIS 111 E. COURT STREET FLINT, MI 485021650	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, JOHN A 925 GRAND BLVD. KANSAS CITY, MO 64196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, MICHELE 201 N. TRYON STREET, 9TH FLOOR KANSAS CITY, MO 64196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Sheila Crawford 3/10/03 803-788-6768
(SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Attachment

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

DOCUMENT # N45606

1. Entity Name
Urban Financial Services Foundation INC.,
PAGE 2 of 2

DO NOT WRITE IN THIS SPACE

90066131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2121 K STREET NW	2121 K STREET NW
Suite, Apt. #, etc.: Suite 800	Suite, Apt. #, etc.: Suite 800
City & State: WASHINGTON, DC	City & State: WASHINGTON, DC
Zip: 20037 Country: US	Zip: 20037 Country: US

4. FEI Number: 59-1942262 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current 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 registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	TITLE	
NAME	Holmes, Richard	NAME	
STREET ADDRESS	400 E. VAN BUREN ST., Suite 900	STREET ADDRESS	
CITY-ST-ZIP	PHOENIX, AZ 85004	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 Crawford — 3-10-03 — 803-788-6768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #