2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR

FILED DOCUMENT # N9400001984 Feb 05, 2002 8:00 am Secretary of State CONGRESS FOR THE NEW URBANISM. INC. 02-05-2002 90006 009 ****61.25 Mailing Address Principal Place of Business THE HEARST BLDG THE HEARST BLDG 5 THIRD ST., STE, 725 5 THIRD ST., STE, 725 SAN FRANCISCO CA 94103 SAN FRANCISCO CA 94103 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0483737 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POTICHÀ, SHELLEY Street Address (P.O. Box Number is Not Acceptable) C/O DUANCY-PLATER-ZYBARK 1023 SW 25TH AVE Zip Code City MIAMI FL 33135 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TIT! F ☐ Change TITLE ☐ Delete CALTHORPE, PETER NAME NAME 739 ALLSOTN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BERKELEY CA 94710 ☐ Addition ☐ Change ☐ Delete TITLE TITLE DUANY, ANDRES NAME NAME 1023 S.W. 25TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33135 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE MOULE, ELIZABETH ---NAME NAME 180 E. CALIFORNIA BLVD STREET ADDRESS STREET ADDRESS PASADENA CA 91106 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE DRISCOLL, JEAN NAME NAME 1407 EUCLID AVE STREET ADDRESS STREET ADDRESS **BERKELEY CA 94708** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE POLYZOIDES, STEFANOS NAME NAME 180 E CALIFORNIA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PASADENA CA 91106 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete SOLOMON, DANIEL NAME NAME 246 FIRST STREET #400 STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94105 CITY-ST-ZIP CITY-ST-ZIP 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 of supplemental reporting 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 employed togescute 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

Daytime Phone #