03

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

FILED

03 MAY 27 AM 9:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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05/27/03--01061--005 **70.00

DOCUMENT # N98 00000 1827

1. Entity Name
Wyclef Jean Foundation, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
420 Lexington Ave	420 Lexington Ave
Suite, Apt. #, etc. Suite 1633A	Suite, Apt. #, etc. Suite 1633A
City & State NY NY	City & State NY, NY
Zip 10170 Country USA	Zip 10170 Country USA

4. FEI Number 65-0823881 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name Stella McLaughlin

Street Address (P.O. Box Number is Not Acceptable) 9325 Southwest 161st Street

City Miami FL Zip Code 33157

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 X Stella McLaughlin May 15, 2003
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 2002

TITLE Executive Director NAME Tracey Allison STREET ADDRESS 201 East 37 Street Ap 1G CITY-ST-ZIP New York, NY 10016	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Board member NAME Wyclef Jean STREET ADDRESS 228 Highland Rd CITY-ST-ZIP South Orange, NJ 07079	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Board member NAME Samuel Jean STREET ADDRESS 228 Highland Rd CITY-ST-ZIP South Orange, NJ 07079	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Board member NAME Seth Kanegis STREET ADDRESS 14 East 77 Street Apt 5 CITY-ST-ZIP New York, NY 10021	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/01)

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #