

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22519

(3)

1. Corporation Name

THE URBAN INSTITUTE CORPORATION



Principal Place of Business

2100 M STREET, NW
WASHINGTON DC 20037

Mailing Address

2100 M STREET, NW
WASHINGTON DC 20037

3. Date Incorporated or Qualified
01/11/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
52-0880375

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
GORHAM, WILLIAM
STREET ADDRESS 2100 M STREET, NW
CITY-ST-ZIP WASHINGTON DC

TITLE ☐ DELETE

NAME V
COELEN, CRAIG G
STREET ADDRESS 2100 M STREET, NW
CITY-ST-ZIP WASHINGTON DC

TITLE ☐ DELETE

NAME VT
GRANT, H. MORTON
STREET ADDRESS 2100 M STREET, NW
CITY-ST-ZIP WASHINGTON DC

TITLE ☐ DELETE

NAME S
PLANANSKY, ROBERT G
STREET ADDRESS 2100 M ST. N.W.
CITY-ST-ZIP WASHINGTON DC

TITLE ☐ DELETE

NAME D
FLEISHMAN, JOEL L
STREET ADDRESS ATLANTIC PHILANTHROPIC SVC CO, INC
CITY-ST-ZIP 521 FIFTH AVE 20

TITLE ☐ DELETE

NAME D
MCLAUGHLIN, ANN
STREET ADDRESS 4320 GARFIELD ST, NW
CITY-ST-ZIP WASHINGTON DC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or is changed or on an attachment with an address.

SIGNATURE: H. Morton Grant, Vice President & Controller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(202)857-8711

Daytime Phone #

CR2E037 (12/95)