

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P22519
1. Entity 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



03022005 No Chg-NP CR2E037 (10/03)

4. FEI Number
52-0880375

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME REISCHAUER, ROBERT D
STREET ADDRESS 2100 M STREET, NW
CITY-ST-ZIP WASHINGTON, DC 20037

TITLE VCFO
NAME ROGERS, JOHN R
STREET ADDRESS 2100 M STREET, NW
CITY-ST-ZIP WASHINGTON, DC 20037

TITLE VT
NAME GRANT, H. MORTON
STREET ADDRESS 2100 M STREET, NW
CITY-ST-ZIP WASHINGTON, DC 20037

TITLE VS
NAME PLANANSKY, ROBERT G
STREET ADDRESS 2100 M ST. N.W.
CITY-ST-ZIP WASHINGTON, DC 20037

TITLE VC
NAME COURRIER, KATHLEEN
STREET ADDRESS 2100 N ST., NW
CITY-ST-ZIP WASHINGTON, DC 20037

TITLE AS
NAME MEIER, BRENDA P
STREET ADDRESS 2100 M ST NW
CITY-ST-ZIP WASHINGTON, DC 20037

1000000329211
04/25/05-80109-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

H. Morton Grant, VP & Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202-261-5711