

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 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**

DO NOT WRITE IN THIS SPACE



03072007 No Chg-NP CR2E037 (4/06)

4. FEI Number
52-0880375

Applied For
Not Applicable

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

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, 2007**

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000679101
04/03/07-80025-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Robert G. Planansky** **03/07/2007** **202-261-5787**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #