


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P22519</b> 1. Entity Name <b>THE URBAN INSTITUTE CORPORATION</b>	
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Principal Place of Business <b>2100 M STREET, NW WASHINGTON, DC 20037</b>	Mailing Address <b>2100 M STREET, NW WASHINGTON, DC 20037</b>
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**DO NOT WRITE IN THIS SPACE**



04042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number <b>52-0880375</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

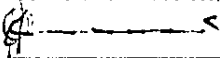
000000911353  
05/07/08-80037-012 61.25

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	

**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**

**04/08/2008**

**202-261-5787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #