2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P29529** May 30, 2000 8:00 am Secretary of State 1. Entity Name NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLO 05-30-2000 90099 035 ****70.00 Principal Place of Business Mailing Address 4805 MT. HOPE DRIVE 4805 MT. HOPE DRIVE BALTIMORE MD 21215 **BALTIMORE MD 21215-3206** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 13-1084135 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **PCEO** TITLE ☐ Addition T/T/F Delete ☐ Change NAME MFUME, KWEISI NAME STREET ADDRESS STREET ADDRESS 4805 MT HOPE DR CITY-ST-ZIP CITY-ST-7IP BALTIMORE MD Addition TITLE C ☐ Delete TITLE ☐ Change NAME BOND, JULIAN NAME STREET ADDRESS STREET ADDRESS 5435 41ST PL NW CITY-ST-ZIP CiTY-ST-ZIP WASHINGTON DC 20015 TITLE ☐ Change - Addition TITLE ☐ Delete BORGES, FRANCISCO L. NAME NAME STREET ADDRESS 115 BROADWAY 7TH FLR STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **NEW YORK NY** ☐ Delete ☐ Addition TITLE TITLE Change HAYES, COURTLAND DENN NAME NAME 4 STREET ADDRESS STREET ADDRESS 4805 MT HOPE DR CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD ☐ Delete TITLE ☐ Change ☐ Addition TITLE ANDREWS, BEN F NAME NAME STREET ADDRESS STREET ADDRESS 504 FIRETOWN RD CITY-ST-ZIP CITY-ST-ZIP SIMSBURY CT 06070 TITLE Delete TITLE ☐ Change Addition NAME BANKS, FRED L JR. NAME STREET ADDRESS STREET ADDRESS 976 METAIRIE ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSON MS 39209 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED MANUFOR SIGNING OFFICER OR DIRECTOR Date Deglimo Phone #