NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State 05-13-2002 90165 015 ****70.00

DOCUMENT # P29529

1. Entity Name

SIGNATURE .

National Association for the Advancement of Colored People, Inc. (NAACP)

656447

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business 4805 Mt. HopeDDrive | 3. Mailing Address 4805 Mt. Hope Drive |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1084135

Applied For Not Applicable

CR2E037B (12/01)

<u>Baltimore</u> MD Zip 21215 Country

<u>Baltimore,</u> 21215

5. Certificate of Status Desired

\$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CT Corporation System

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

1200 S. Pine Island Road

Plantation

Zip Code 33324

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

(NOTE: Registered Agent signature required when reinstating)

Country

| | FEE IS \$61.25 Initial or Amended UBR | 9. Election Camp Trust Fund Cor | | | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|--|---|------------------------------------|---------------------------------------|---|--------------------------------|--|
| 10 | OFFICERS AND DIRECTORS | | | - | <u>-</u> | : |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/CEO Mfume, Kweisi 4805 Mt. Hope Drive Baltimore, MD 21215 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chairman Julian Bond 5435 41st Place , NW | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAMESTREET_ADDRESS_ | Washington, DC 20015 Treasurer, Francisco 115 Broadway, 7th F1 | L. Borge | TITLE NAME STREET ADDRESS. | | | |
| CITY-ST-ZIP | New York, NY | | CITY-ST-ZIP | | DO N | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary, Dennis CouHayesd 4805 Mt. Hope Drive Baltimorés MD 21215 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | HIS SPACE |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | Director, Ben F. And 504 Firetown Road Simbury, CT 06070 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director, Fred L. Bar 976 Metairie Road Jackson, MS 39209 | nks, Jr. | TITLE NAME STREET ADDRESS | | | |

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 on an analysis of the corporation of the corporation or the receiver of trustee empowered.

SIGNATURE:

April 25, 2002 (410) 580-5795