

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003289

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** THE UNIVERSITY OF CONNECTICUT FOUNDATION, INC.

**Current Principal Place of Business:**

2390 ALUMNI DRIVE, U\_-3206  
STORRS, CT 06269

**New Principal Place of Business:**

**Current Mailing Address:**

2390 ALUMNI DRIVE, U\_-3206  
STORRS, CT 06269

**New Mailing Address:**

FEI Number: 06-6070722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUCK, MARY C  
1895 FARM TRAIL  
SANIBEL ISLAND, FL 33957 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTIN, JOHN K  
Address: 27 OVERSHOT DRIVE  
City-St-Zip: S GLASTONBURY, CT 06073

Title: VP  
Name: EDWARDS, KEVIN A  
Address: 18 KEARNS CIRCLE  
City-St-Zip: GRANBY, CT 06035

Title: S D  
Name: MALCYNski, JAY F ESQ.  
Address: 25 PARKERS POINT ROAD  
City-St-Zip: CHESTER, CT 06412

Title: C D  
Name: SHENKMAN, MARK S  
Address: ONE GASTON FARM ROAD  
City-St-Zip: GREENWICH, CT 06831

Title: T D  
Name: MALFETSTONE, JOHN P  
Address: 21 TUCKAHOE ROAD  
City-St-Zip: TRUMBULL, CT 06611

Title: VC D  
Name: LEVY, COLEMAN B  
Address: 22 AVONDALE ROAD  
City-St-Zip: WEST HARTFORD, CT 06117

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN A EDWARDS

VP

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date