

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 09, 2009  
Secretary of State

DOCUMENT# N07000007502

Entity Name: DLMC FOUNDATION, INC.

**Current Principal Place of Business:**

1845 PLUMBAGO WAY  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

C/O M & I BANK  
111 E. KILBOURN AVENUE #200  
MILWAUKEE, WI 53202

**New Mailing Address:**

FEI Number: 26-0625539      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SKRIVAN, KENT A  
801 LAUREL OAK DRIVE  
SUITE 705  
NAPLES, FL 34108 US

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

SKRIVAN, KENT A  
9115 CORSEA DEL FONTANA WAY  
SUITE 100  
NAPLES, FL 34109 US

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: KENT A. SKRIVAN

03/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: DESIMONE, LIVIO D  
Address: 1845 PLUMBAGO WAY  
City-St-Zip: NAPLES, FL 34105

Title: PD ( ) Delete  
Name: DESIMONE, LISE  
Address: 1845 PLUMBAGO WAY  
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete  
Name: DESIMONE, DANIEL  
Address: 12 STREAMWOOD LANE  
City-St-Zip: FALMOUTH, ME 04105

Title: VD ( ) Delete  
Name: LANG, LIVIA  
Address: 3244 BITTERSWEET LANE  
City-St-Zip: ST. CLOUD, MN 56301

Title: VD ( ) Delete  
Name: DESIMONE, MARK  
Address: 10 MAPLEWOOD DRIVE  
City-St-Zip: WILLIAMSTOWN, WV 26187

Title: VD ( ) Delete  
Name: NORTH, CYNTHIA  
Address: 4650 MEDINA LAKE DRIVE  
City-St-Zip: MEDINA, MN 55430

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISE DESIMONE

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date