

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007502

FILED  
Feb 23, 2011  
Secretary of State

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  
1421 PINE RIDGE ROAD  
SUITE 120  
NAPLES, FL 34109 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: VPD  
Name: DESIMONE, LIVIO D  
Address: 1845 PLUMBAGO WAY  
City-St-Zip: NAPLES, FL 34105

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

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

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

Title: VD  
Name: DESIMONE, MARK  
Address: 2809 MONTGOMERY AVENUE  
City-St-Zip: DAVIS, CA 95618

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

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: LISE DESIMONE

PD

02/23/2011

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

\_\_\_\_\_  
Date