2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006121

Entity Name: TECHNOLOGY ASSOCIATION OF GRANTMAKERS, INC.

FILED
Jun 25, 2020
Secretary of State
9277560926CC

Current Principal Place of Business:

C/O MR. JORGE MARTINEZ 200 SOUTH BISCAYNE BLVD.#3300 MIAMI, FL 33131-2349

Current Mailing Address:

C/O CHANTAL FORSTER 1 N. STATE STREET, SUITE1500 CHICAGO, IL 60602 US

FEI Number: 56-2558836 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PETREY, RODERICK N 201 SOUTH BISCAYNE BOULEVARD SUITE 2805 MIAMI, FL 33133 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:

Officer/Director Detail :

Title VP Title TREASURER

Name WALKER, MARK Name ROSENTHAL, ROBERT

Address JESSIE BALL DUPONT FUND Address CARNEGIE CORPORATION OF NY

40 EAST ADAMS STREET, SUITE 300 437 MADISON AVE

City-State-Zip: JACKSONVILLE FL 32202-3302 City-State-Zip: NEW YORK NY 10022

Title PRESIDENT Title DIRECTOR

Name LODICO, NICOLETTE Name WILSON, LEON

Address THE FORD FOUNDATION Address THE CLEVELAND FOUNDATION

1440 BROADWAY 1422 EUCLID AVE #1300

City-State-Zip: NEW YORK NY 10018 City-State-Zip: CLEVELAND OH 44115

Title DIRECTOR Title DIRECTOR

Name BERG, CHAD Name FAIR, SATONYA

Address BILL & MELINDA GATES FOUNDATION Address THE EXECUTIVE LEADERSHIP

500 FIFTH AVENUE NORTH COUNCIL

City-State-Zip: SEATTLE WA 98109 1301 K STREET, NW SUITE 210 WEST

Title DIRECTOR City-State-Zip: WASHINGTON DC 20005

Name MERGY, JONATHAN Title DIRECTOR

Address TIDES Name ARON-DIAZ, JOSÉ

1012 TORNEY AVENUE

City-State-Zip: SAN FRANCISCO CA 94129

Address 420 5TH AVE

City-State-Zip: NEW YORK NY 10018

Continues on page 2

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: NICOLETTE LODICO PRESIDENT 06/25/2020

Electronic Signature of Signing Officer/Director Detail

Date

Date

Officer/Director Detail Continued:

Title SECRETARY
Name PUCKETT, ANN

Address 185 OAKES ST SW

City-State-Zip: GRAND RAPIDS MI 49503