

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006121

**Entity Name:** TECHNOLOGY ASSOCIATION OF GRANTMAKERS, INC.

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**4271159550CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

200 W. MADISON STREET  
3RD FLOOR  
CHICAGO, IL 60606 US

**FEI Number: 56-2558836**

**Certificate of Status Desired: Yes**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BERG, CHAD  
Address BILL & MELINDA GATES FOUNDATION  
500 FIFTH AVENUE NORTH  
City-State-Zip: SEATTLE WA 98109

Title PRESIDENT  
Name ARON-DIAZ, JOSE  
Address PO BOX 94314  
City-State-Zip: SEATTLE WA 98124

Title SECRETARY  
Name PUCKETT, ANN  
Address 185 OAKES ST SW  
City-State-Zip: GRAND RAPIDS MI 49503

Title VP  
Name ALIA, NADIA  
Address 50 LOCUST AVENUE, SUITE 1  
City-State-Zip: NEW CANAAN CT 06840-4737

Title TREASURER  
Name SAWANT, NIKHIL  
Address 220 N. TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR  
Name MINGO, WENDYE  
Address 3215 W BIG BEAVER RD  
City-State-Zip: TROY MI 48084

Title DIRECTOR  
Name NIEMANN, KATIE  
Address 3683 WILLIA ST  
City-State-Zip: HOUSTON TX 77007

Title DIRECTOR  
Name TSANG, TO  
Address 2440 WEST EL CAMINO REAL  
City-State-Zip: MOUNTAIN VIEW CA 94040

**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: JOSE ARON-DIAZ**

**PRESIDENT**

**02/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LECORGNE, KRISTOPHER  
Address PO BOX 94314  
City-State-Zip: SEATTLE WA 98124

Title DIRECTOR  
Name VELEZ, CARLOS  
Address 10 TIMES SQ  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name KRAMER, ARI  
Address 50 COLLEGE RD E  
City-State-Zip: PRINCETON NJ 08540

Title DIRECTOR  
Name BASU, GULI  
Address 650 5TH AVE FL 19  
City-State-Zip: NEW YORK NY 10019