

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005345

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC6880495134**

**Entity Name:** WILLIAM J. CLINTON FOUNDATION CORPORATION

**Current Principal Place of Business:**

610 PRESIDENT CLINTON AVENUE  
LITTLE ROCK, AR 72201

**Current Mailing Address:**

610 PRESIDENT CLINTON AVENUE  
LITTLE ROCK, AR 72201

**FEI Number: 31-1580204**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHAIRMAN  
Name LINDSEY, BRUCE R  
Address 610 PRESIDENT CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201

Title CFO  
Name KESSEL, ANDREW  
Address 610 PRESIDENT CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201

Title SECRETARY  
Name STRETT, STEPHANIE  
Address 610 PRESIDENTIAL CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201

Title VC  
Name CLINTON, CHELSEA V.  
Address 610 PRESIDENTIAL CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201

Title DIR  
Name BUNSTER, ROLANDO G  
Address 610 PRESIDENTIAL CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201

Title DIRECTOR  
Name CLINTON, WILLIAM J.  
Address 610 PRESIDENT CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201

Title CEO  
Name SHALALA, DONNA  
Address 610 PRESIDENT CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201

Title DIRECTOR  
Name GOOSBY, ERIC  
Address 610 PRESIDENT CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201

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*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: ANDREW KESSEL**

**CFO**

**02/17/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GIUSTRA, FRANK  
Address 610 PRESIDENT CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201

Title DIRECTOR  
Name JACKSON, LISA  
Address 610 PRESIDENT CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201

Title DIRECTOR  
Name SABAN, CHERYL  
Address 610 PRESIDENT CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201

Title DIRECTOR  
Name IBRAHIM, HADEEL  
Address 610 PRESIDENT CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201

Title DIRECTOR  
Name MILLS, CHERYL  
Address 610 PRESIDENT CLINTON AVENUE  
City-State-Zip: LITTLE ROCK AR 72201