

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000011370

**Entity Name:** ZIEGLER FAMILY FOUNDATION, INC.**Current Principal Place of Business:**100 NORTH CORPORATE DRIVE, SUITE 190  
BROOKFIELD, WI 53045**Current Mailing Address:**100 NORTH CORPORATE DRIVE, SUITE 190  
BROOKFIELD, WI 53045**FEI Number:** 47-2563684**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
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	PRESIDENT, DIRECTOR, SECRETARY
Name	ZIEGLER, CARLENE
Address	100 N. CORPORATE DRIVE SUITE 190
City-State-Zip:	BROOKFIELD WI 53045

Title	VP, DIRECTOR
Name	ZIEGLER, ANDREW
Address	100 N. CORPORATE DRIVE SUITE 190
City-State-Zip:	BROOKFIELD WI 53045

Title	VP, DIRECTOR
Name	ZIEGLER, CAITLIN
Address	100 N. CORPORATE DRIVE SUITE 190
City-State-Zip:	BROOKFIELD WI 53045

Title	DIRECTOR, TREASURER, ASST. SECRETARY
Name	HIMMELSPACH, REBECCA
Address	100 N. CORPORATE DRIVE SUITE 190
City-State-Zip:	BROOKFIELD WI 53045

*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:** REBECCA HIMMELSPACH**ASSISTANT SECRETARY** 03/16/2015\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date