

**2024 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            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

**TREASURER**

**04/01/2024**

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

\_\_\_\_\_  
Date