

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003289

Entity Name: THE UNIVERSITY OF CONNECTICUT FOUNDATION, INC.**Current Principal Place of Business:**2390 ALUMNI DRIVE, U_-3206
STORRS, CT 06269**Current Mailing Address:**2390 ALUMNI DRIVE, U_-3206
STORRS, CT 06269**FEI Number: 06-6070722****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BUCK, MARY C
1895 FARM TRAIL
SANIBEL ISLAND, FL 33957 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, CEO	Title	VP, CHIEF INVESTMENT OFFICER
Name	MARTIN, JOHN K	Name	EDWARDS, KEVIN A
Address	27 OVERSHOT DRIVE	Address	18 KEARNS CIRCLE
City-State-Zip:	S GLASTONBURY CT 06073	City-State-Zip:	GRANBY CT 06035
Title	SECRETARY, DIRECTOR	Title	CHAIRMAN, DIRECTOR
Name	GILLEECE, MARY ANN	Name	SHENKMAN, MARK S
Address	9444 MOUNT VERNON CIRCLE	Address	ONE GASTON FARM ROAD
City-State-Zip:	ALEXANDRIA VA 22309	City-State-Zip:	GREENWICH CT 06831
Title	TREASURER, DIRECTOR	Title	VC, DIRECTOR
Name	MALFETONE, JOHN P	Name	LEVY, COLEMAN B
Address	21 TUCKAHOE ROAD	Address	22 AVONDALE ROAD
City-State-Zip:	TRUMBULL CT 06611	City-State-Zip:	WEST HARTFORD CT 06117

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: KEVIN A EDWARDS**VP OF FINANCE/CIO****04/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date