

2020 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: Yes****Name and Address of Current Registered Agent:**BUCK, MARY C
9503 PARKWOOD COURT
FORT MYERS, FL 33908 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
Name	ROBERTS, SCOTT M
Address	2390 ALUMNI DRIVE, U_-3206
City-State-Zip:	STORRS CT 06269

Title	TREASURER, DIRECTOR
Name	KOPPEL, MICHAEL G
Address	169 E LAKE SAMMAMISH PKWY SE
City-State-Zip:	SAMMAMISH WA 98074

Title	SECRETARY, DIRECTOR
Name	SCHWARTZ, ADAM L
Address	197 SOUTHPOND ROAD
City-State-Zip:	SOUTH GLASTONBURY CT 06073

Title	SR. VICE PRESIDENT OF FINANCE AND ADMINISTRATION
Name	GANZ, JR., GERALD JOSEPH
Address	262 WINDSORVILLE RD
City-State-Zip:	ELLINGTON CT 06029

Title	CHAIRMAN
Name	MALFETONE, JOHN P
Address	21 TUCKAHOE RD
City-State-Zip:	TRUMBULL CT 06611

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: GERALD JOSEPH GANZ, JR.**SR. DIRECTOR OF GIFT PLANNING** **01/15/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date