

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005312

Entity Name: THE UNIVERSITY OF ARKANSAS FOUNDATION, INC.**Current Principal Place of Business:**535 RESEARCH CENTER BLVD.
SUITE 120
FAYETTEVILLE,, AR 72701**Current Mailing Address:**535 RESEARCH CENTER BLVD.
SUITE 120
FAYETTEVILLE,, AR 72701**FEI Number:** 71-6056774**Certificate of Status Desired:** Yes**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	MR
Name	DAVIS, CLAY
Address	535 RESEARCH CENTER BLVD, STE 120
City-State-Zip:	FAYETTEVILLE AR 72701

Title	MRS
Name	LEE, DIANNA
Address	535 RESEARCH CENTER BLVD, SUITE 120
City-State-Zip:	FAYETTEVILLE AR 72701

Title	MR
Name	KOSTER, ROBERT
Address	535 RESEARCH CENTER BLVD, STE 120
City-State-Zip:	FAYETTEVILLE AR 72701

Title	MS
Name	FERGUSON, VICKIE
Address	535 RESEARCH CENTER BLVD
City-State-Zip:	FAYETTEVILLE AR 72701

Title	MR
Name	CHAPMAN, RICK
Address	535 RESEARCH CENTER BLVD. SUITE 120
City-State-Zip:	FAYETTEVILLE, AR 72701

Title	MS
Name	ROSSO, ANN
Address	535 RESEARCH CENTER BLVD. SUITE 120
City-State-Zip:	FAYETTEVILLE, AR 72701

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: DIANNA LEE

VP/COO

02/12/2021

Electronic Signature of Signing Officer/Director Detail

Date