

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000006253

**Entity Name:** THE STATE UNIVERSITY OF IOWA FOUNDATION, INC.**Current Principal Place of Business:**ONE WEST PARK ROAD  
IOWA CITY, IA 52244-4550**Current Mailing Address:**PO BOX 4550  
IOWA CITY, IA 52244-4550 US**FEI Number:** 42-0796760**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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:** JANICE NULL

02/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MARSHALL, LYNETTE  
Address        PO BOX 4550  
City-State-Zip: IOWA CITY IA 52244-4550

Title            SECRETARY  
Name            BROWNLEE, DIANE  
Address        PO BOX 4550  
City-State-Zip: IOWA CITY IA 52244-4550

Title            CFO AND TREASURER  
Name            FURMAN, SHERRI  
Address        PO BOX 4550  
City-State-Zip: IOWA CITY IA 52244-4550

Title            CHAIRMAN  
Name            ELLIG, JANICE  
Address        PO BOX 4550  
City-State-Zip: IOWA CITY IA 52244-4550

Title            VICE CHAIR  
Name            DORE, KATHLEEN  
Address        PO BOX 4550  
City-State-Zip: IOWA CITY IA 52244-4550

*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:** SHERRI FURMAN**CFO AND TREASURER**

02/08/2022

Electronic Signature of Signing Officer/Director Detail

Date