

2016 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:

P.O. BOX 4550
IOWA CITY, IA 52244-4550

FEI Number: 42-0796760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOUSER, BRADLEY D
C/O AKERMAN SENTERFITT
ONE SOUTHEAST THIRD AVENUE, STE 2800
MIAMI, FL 33131-1704 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 P
Name MARSHALL, LYNETTE L
Address P.O. BOX 4550
City-State-Zip: IOWA CITY IA 52244-4550

Title S
Name BROWNLEE, DIANE
Address P.O. BOX 4550
City-State-Zip: IOWA CITY IA 52244-4550

Title VP
Name SHAW, TIFFANI K
Address P.O. BOX 4550
City-State-Zip: IOWA CITY IA 52244-4550

Title T
Name FURMAN, SHERRI P
Address P.O. BOX 4550
City-State-Zip: IOWA CITY IA 52244-4550

Title VC
Name HANSON, THOMAS
Address P.O. BOX 4550
City-State-Zip: IOWA CITY IA 52244-4550

Title C
Name ZAHARIS, CATHERINE
Address P.O. 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: DIANE BROWNLEE

SECRETARY

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date