

**2014 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:** SHERRI P. FURMAN**CFO AND TREASURER****03/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date