

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000005097

**Entity Name:** THE REGENTS OF THE UNIVERSITY OF MICHIGAN CORP.**Current Principal Place of Business:**OFFICE OF GIFT PLANNING  
3003 S. STATE STREET SUITE 9000  
ANN ARBOR, MI 48109-1288**Current Mailing Address:**OFFICE OF GIFT PLANNING  
3003 S. STATE STREET SUITE 9000  
ANN ARBOR, MI 48109-1288 US**FEI Number:** 38-6006309**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LOTT, PATRICIA D  
MILLER CANFIELD PADDOCK & STONE  
25 W CEDAR STREET, SUITE 500  
PENSACOLA, FL 32502 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	REGENT
Name	DEITCH, LAURENCE B
Address	1901 ST ANTOINE ST/6TH FL FORD FIELD
City-State-Zip:	DETROIT MI 48226

Title	REGENT
Name	NEWMAN, ANDREA FISCHER
Address	2601 WORLDGATEWAY PLACE
City-State-Zip:	DETROIT MI 48242

Title	REGENT
Name	BERNSTEIN, MARK J
Address	31731 NORTHWESTERN HWY SUITE 333
City-State-Zip:	FARMINGTON HILLS MI 48334

Title	REGENT
Name	WHITE, KATHERINE E
Address	P.O. BOX 1842
City-State-Zip:	ANN ARBOR MI 48106

Title	REGENT
Name	ILITCH, DENISE
Address	ILITCH ENTERPRISES, LLC 222 MERRILL STREET, SUITE 101
City-State-Zip:	BIRMINGHAM MI 48009

Title	VICE PRESIDENT FOR DEVELOPMENT
Name	MAY, JERRY A DR.
Address	3003 S. STATE STREET SUITE 9000
City-State-Zip:	ANN ARBOR MI 48109-1288

Title	REGENT
Name	RYDER-DIGGS, SHAUNA M.D
Address	17000 KERCHEVAL AVENUE SUITE 215
City-State-Zip:	GROSSE POINTE MI 48230

Title	DIRECTOR
Name	WINKLER, RENEE D
Address	OFFICE OF GIFT PLANNING 3003 S. STATE STREET SUITE 9000
City-State-Zip:	ANN ARBOR MI 48109-1288

**Continues on page 2**

*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:** RENEE WINKLERDIRECTOR OF GIFT  
PLANNING

05/08/2015

**Officer/Director Detail Continued :**

Title            PRESIDENT & EX, OFFICIO  
Name            SCHLISSEL, MARK S DR.  
Address        2074 FLEMING BUILDING  
City-State-Zip: ANN ARBOR MI 48109-1340

Title            REGENT  
Name            BEHM, MICHAEL J  
Address        209 SCHWARTZ DRIVE  
City-State-Zip: FLINT MI 48503

Title            REGENT  
Name            RICHNER, ANDREW C MR.  
Address        500 WOODWARD  
                 SUITE 3500  
City-State-Zip: DETROIT MN 48226-3435