

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001167

**Entity Name:** NATIONAL ARBOR DAY FOUNDATION, INC.

**Current Principal Place of Business:**

211 N 12TH ST  
LINCOLN, NE 68508

**Current Mailing Address:**

P.O.BOX 80208  
LINCOLN, NE 68501-0208

**FEI Number:** 23-7169265

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET  
SUITE 4  
TALLAHASSEE, FL 32301 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 CEO  
Name HARRIS, MATT  
Address 211 N 12TH ST  
City-State-Zip: LINCOLN NE 68508

Title PS  
Name LAMBE, DAN  
Address 211 N 12TH ST  
City-State-Zip: LINCOLN NE 68508

Title T  
Name DEEMER, GARY  
Address 211 N 12TH ST  
City-State-Zip: LINCOLN NE 68508

Title VP  
Name AUSTIN, MACKRILL  
Address 211 N 12TH ST  
City-State-Zip: LINCOLN NE 68508

Title VP  
Name WOODROW, NELSON  
Address 211 N 12TH ST  
City-State-Zip: LINCOLN NE 68508

Title VP  
Name YINKA, AKINYEMI  
Address 211 N 12TH ST  
City-State-Zip: LINCOLN NE 68508

Title VP  
Name KAREN, HOUSER  
Address 211 N 12TH ST  
City-State-Zip: LINCOLN NE 68508

Title VP  
Name BRITT, EHLERS  
Address 211 N 12TH ST  
City-State-Zip: LINCOLN NE 68508

**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:** GARY DEEMER

**TREASURER**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            KATIE, LOOS  
Address        211 N 12TH ST  
City-State-Zip: LINCOLN NE 68508