

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 23, 2021
Secretary of State
5836771833CC

Entity Name: UNITED STATES SOCCER FEDERATION, INC.

Current Principal Place of Business:

1801 SOUTH PRAIRIE AVENUE
CHICAGO, IL 60616

Current Mailing Address:

1801 SOUTH PRAIRIE AVENUE
CHICAGO, IL 60616 US

FEI Number: 13-5591991

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name MALIK, STEVE
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title DIRECTOR
Name ZOPFI, PETER
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title DIRECTOR
Name URO, JUAN
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title GENERAL SECRETARY
Name WILSON, WILL
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title CEO
Name WILSON, WILL
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title DIRECTOR
Name LINDSEY, LORI
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title TREASURER
Name MOELLER, RICHARD
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title PRESIDENT
Name CONE, CINDY PARLOW
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

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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: CINDY PARLOW CONE

PRESIDENT

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CULLINA, MIKE
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title DIRECTOR
Name CARNOY, LISA
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title DIRECTOR
Name MOTTA, JOHN
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title DIRECTOR
Name GARBER, DON
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title DIRECTOR
Name AHRENS, CHRIS
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title DIRECTOR
Name HART, PATTI
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title DIRECTOR
Name TURNEY, TIM
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title DIRECTOR
Name MOELLER, RICHARD
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title DIRECTOR
Name BOCANEGRA, CARLOS
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616

Title DIRECTOR
Name CORDEIRO, CARLOS
Address 1801 SOUTH PRAIRIE AVENUE
City-State-Zip: CHICAGO IL 60616