

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004597

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC1171557924**

**Entity Name:** CREDIT ADVISORS FOUNDATION, A CORPORATION

**Current Principal Place of Business:**

1818 S. 72ND STREET  
OMAHA, NE 68124

**Current Mailing Address:**

1818 S. 72ND STREET  
OMAHA, NE 68124

**FEI Number:** 47-0751100

**Certificate of Status Desired:** No

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

NATIONAL REGISTERED AGENTS, INC.  
1200 SOUTH PINE ISLAND RD.  
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	P/D	Title	S
Name	HOHMAN, ELEANOR A	Name	HARPER, MICHAELA M
Address	1818 S. 72ND STREET	Address	1818 S. 72ND STREET
City-State-Zip:	OMAHA NE 68124	City-State-Zip:	OMAHA NE 68124
Title	D	Title	D
Name	PHILLIPS, DAVE	Name	HUGHES, RONNETTA
Address	1818 SOUTH 72ND STREET	Address	1818 SOUTH 72ND STREET
City-State-Zip:	OMAHA NE 68124	City-State-Zip:	OMAHA NE 68124
Title	D	Title	DIRECTOR
Name	BUGLEWICZ, ROBERT	Name	DAVIS, JUDY A
Address	1818 SOUTH 72ND STREET	Address	1818 S. 72ND STREET
City-State-Zip:	OMAHA NE 68124	City-State-Zip:	OMAHA NE 68124

*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: ELEANOR HOHMAN**

**DIRECTOR**

**04/19/2017**

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

\_\_\_\_\_  
Date