

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003538

**FILED**  
**Feb 22, 2016**  
**Secretary of State**  
**CC3665320686**

**Entity Name:** BIG BROTHERS BIG SISTERS OF AMERICA CORPORATION

**Current Principal Place of Business:**

2202 N WESTSHORE BLVD SUITE 455  
TAMPA, FL 33607

**Current Mailing Address:**

2202 N WESTSHORE BLVD SUITE 455  
TAMPA, FL 33607

**FEI Number:** 23-1365190

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
3030 N ROCKY POINT DR STE 150A  
TAMPA, FL 33607 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 C  
Name SMITH, ELIZABETH A  
Address 2202 N WESTSHORE BLVD SUITE 500  
City-State-Zip: TAMPA FL 33607

Title VC  
Name BALDONI, RUDY J  
Address 188814 VON KARMAN AVE SUITE 1225  
City-State-Zip: IRVINE CA 92612

Title DT  
Name WARTCHOW, TODD N  
Address 150 N MICHIGAN AVE SUITE 3900  
City-State-Zip: CHICAGO IL 60601

Title DS  
Name BERNSTEIN, LEONARD A  
Address THREE LOGAN SQUARE #3100 1717 ARCH ST  
City-State-Zip: PHILADELPHIA PA 19103

Title PCEO  
Name IORIO, PAM  
Address 2202 N WESTSHORE BLVD SUITE 455  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name BERNON, ALAN  
Address 8080 N. CENTRAL EXPRESSWAY, SUITE 1490  
City-State-Zip: DALLAS TX 75206

Title DIRECTOR  
Name COFFMAN, CASEY  
Address 2604 WASHINGTON ROAD  
City-State-Zip: AUGUSTA GA 30904

Title DIRECTOR  
Name PAGE, GREGORY R  
Address 15615 MCGINTY ROAD (PO BOX 5724)  
City-State-Zip: WAYTAZA MN 55391

**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:** PAM IORIO

**PRESIDENT/CEO**

**02/22/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ARNOLD, WALLACE C  
Address 4100 CHESAPEAKE AVENUE  
City-State-Zip: HAMPTON VA 23669

Title DIRECTOR  
Name GRAHAM, BILL  
Address 20 WEST 22ND STREET, 12TH FLOOR  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name KLEIN, BRIAN  
Address 333 – 108TH AVE. NE, SUITE 2010  
City-State-Zip: BELLEVUE WA 98004

Title DIRECTOR  
Name SHULER, J. HEATH  
Address 550 S TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR  
Name CARRERA, EMILY CHEN  
Address 1000 PARK AVENUE, APT 9A  
City-State-Zip: NEW YORK NY 10028

Title DIRECTOR  
Name HANNA, BILL  
Address 2 N. WEST PARKWAY  
City-State-Zip: WICHITA KS 67206

Title DIRECTOR  
Name MARTINEZ, BOB  
Address 100 NORTH TAMPA STREET, SUITE  
4100  
City-State-Zip: TAMPA FL 36002

Title DIRECTOR  
Name NORSWORTHY, ALICE  
Address 1000 UNIVERSAL STUDIOS PLAZA, B-  
1  
City-State-Zip: ORLANDO FL 32819