SIGNATURE			
	Electronic Signature of Registered Agent		
Officer/Dire	ctor Detail :		
Title	PAST NATIONAL BOARD CHAIR	Title	CHAIRMAN
Name	SMITH, ELIZABETH A	Name	BALDONI, RUDY J
Address	2202 N WESTSHORE BLVD 5TH FLOOR	Address	188814 VON KARMAN AVE SU 1225
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	IRVINE CA 92612
Title	VC	Title	DS
Name	WARTCHOW, TODD N	Name	BERNSTEIN, LEONARD A
Address	150 N MICHIGAN AVE SUITE 3900	Address	1717 ARCH STREET, SUITE 31
City-State-Zip:	CHICAGO IL 60601	City-State-Zip:	PHILADELPHIA PA 19103
Title	PRESIDENT, CEO	Title	TREASURER, DIRECTOR
Name	IORIO, PAM	Name	CARRERA, EMILY CHEN
Address	2202 N WESTSHORE BLVD SUITE 455	Address	1000 PARK AVENUE, APT 9A
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	NEW YORK NY 10028
Title	DIRECTOR	Title	DIRECTOR
Name	BERNON, ALAN	Name	PAGE, GREGORY R
Address	8080 N. CENTRAL EXPRESSWAY, SUITE 1490	Address City-State-Zip:	15615 MCGINTY ROAD WAYTAZA MN 55391

## Name and Address of Current Registered Agent:

REGISTERED AGENTS INC 3030 N ROCKY POINT DR STE 150A TAMPA, FL 33607 US

DOCUMENT# F15000003538

2202 N WESTSHORE BLVD SUITE 455

**Current Mailing Address:** 

FEI Number: 23-1365190

TAMPA, FL 33607

TAMPA, FL 33607

**Current Principal Place of Business:** 

2202 N WESTSHORE BLVD SUITE 455

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.

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

City-State-Zip: DALLAS TX 75206

**PRESIDENT & CEO** 

**Continues on page 2** 

03/19/2018

Date

Electronic Signature of Signing Officer/Director Detail

Entity Name: BIG BROTHERS BIG SISTERS OF AMERICA CORPORATION

## FILED Mar 19, 2018 Secretary of State CC9539480830

Certificate of Status Desired: No

Date

## **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	ARNOLD, WALLACE C	Name	HANNA, WILLIAM
Address	4100 CHESAPEAKE AVENUE	Address	2 N. WEST PARKWAY
City-State-Zip:	HAMPTON VA 23669	City-State-Zip:	WICHITA KS 67206
Title	DIRECTOR	Title	DIRECTOR
Name	MARTINEZ, BOB	Name	NORSWORTHY, ALICE
Address	100 NORTH TAMPA STREET, SUITE 4100	Address	1000 UNIVERSAL STUDIOS PLAZA, B-
City-State-Zip:	TAMPA FL 36002	City-State-Zip:	ORLANDO FL 32819
Title	DIRECTOR	Title	GENERAL COUNSEL
Name	O'BRIEN, TOM	Name	GRIFFIN, ALAIS
Address	1401 S. BOULDER AVENUE, SUITE 100	Address	2202 N WESTSHORE BLVD SUITE 455
City-State-Zip:	TULSA OK 74119		
<b>T</b> :41 -		City-State-Zip:	TAMPA FL 33607
Title	CFO	Title	CDO
Name	MIDKIFF, TIM		
Address	2202 N WESTSHORE BLVD SUITE 455	Name	MELIA, JOHN
City-State-Zip:	TAMPA FL 33607	Address	2202 N WESTSHORE BLVD SUITE 455
		City-State-Zip:	TAMPA FL 33607