

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

DOCUMENT# F15000003538

**FILED**  
**Feb 22, 2017**  
**Secretary of State**  
**CC5837101043**

**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 PAST NATIONAL BOARD CHAIR  
Name SMITH, ELIZABETH A  
Address 2202 N WESTSHORE BLVD  
5TH FLOOR  
City-State-Zip: TAMPA FL 33607

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

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

Title DS  
Name BERNSTEIN, LEONARD A  
Address 1717 ARCH STREET, SUITE 3100  
City-State-Zip: PHILADELPHIA PA 19103

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

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

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

Title DIRECTOR  
Name PAGE, GREGORY R  
Address 15615 MCGINTY ROAD  
City-State-Zip: WAYTAZA MN 55391

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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:** PAM IORIO

**PRESIDENT & CEO**

**02/22/2017**

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

Title DIRECTOR  
Name O'BRIEN, TOM  
Address 1401 S. BOULDER AVENUE, SUITE 100  
City-State-Zip: TULSA OK 74119

Title CFO  
Name MIDKIFF, TIM  
Address 2202 N WESTSHORE BLVD SUITE 455  
City-State-Zip: TAMPA FL 33607

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

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

Title GENERAL COUNSEL  
Name GRIFFIN, ALAIS  
Address 2202 N WESTSHORE BLVD SUITE 455  
City-State-Zip: TAMPA FL 33607

Title CDO  
Name MELIA, JOHN  
Address 2202 N WESTSHORE BLVD SUITE 455  
City-State-Zip: TAMPA FL 33607