

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33442

FILED
Feb 28, 2014
Secretary of State
CC0959155070

Entity Name: THE CLEVELAND CLINIC FOUNDATION, NONPROFIT CORPORATION

Current Principal Place of Business:

9500 EUCLID AVENUE
NA-4
CLEVELAND, OH 44195

Current Mailing Address:

9500 EUCLID AVENUE
NA-4
CLEVELAND, OH 44195 US

FEI Number: 34-0714585

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
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 DIRECTOR, CHAIRMAN - BOARD OF DIRECTORS AND BOARD OF TRUSTEES
Name RICH, ROBERT E JR.
Address 9500 EUCLID AVENUE, NA-4
City-State-Zip: CLEVELAND OH 44195

Title SECRETARY, CHIEF LEGAL OFFICER & CHIEF GOVERNANCE OFFICER
Name ROWAN, DAVID W
Address 9500 EUCLID AVENUE, NA-4
City-State-Zip: CLEVELAND OH 44194

Title D, CHIEF OF STAFF, V. CHAIR BOARD OF GOVERNORS
Name HAHN, JOSEPH F MD
Address 9500 EUCLID AVENUE, NA-4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR, CEO, PRESIDENT, CHAIR - BOARD OF GOVERNORS
Name COSGROVE, DELOS M MD
Address 9500 EUCLID AVENUE, NA-4
City-State-Zip: CLEVELAND OH 44195

Title CHIEF OF OPERATIONS
Name WILLIAM, PEACOCK
Address 9500 EUCLID AVENUE, NA-4
City-State-Zip: CLEVELAND OH 44195

Title CFO, TREASURER
Name GLASS, STEVEN C
Address 9500 EUCLID AVENUE, NA-4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR, VC - BOARD OF DIRECTORS AND BOARD OF TRUSTEES
Name SCAMINACE, JOSEPH M.
Address 9500 EUCLID AVENUE, NA-4
City-State-Zip: CLEVELAND OH 44195

Title CHIEF ACCOUNTING OFFICER & CONTROLLER
Name HARRINGTON, MICHAEL P.
Address 9500 EUCLID AVENUE, NA-4
City-State-Zip: CLEVELAND OH 44195

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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: DAVID W. ROWAN

SECRETARY

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIRMAN OF THE RESEARCH INSTITUTE
Name DICORLETO, PAUL E. PH.D.
Address 9500 EUCLID AVENUE, NA-4
City-State-Zip: CLEVELAND OH 44195

Title ASSISTANT SECRETARY
Name MCHUGH, LINDA
Address 9500 EUCLID AVENUE, NA-4
City-State-Zip: CLEVELAND OH 44195

Title RECORDING SECRETARY
Name MEEHAN, MICHAEL
Address 9500 EUCLID AVENUE, NA-4
City-State-Zip: CLEVELAND OH 44195