

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825176

Entity Name: ERDMAN HEALTHCARE FACILITIES COMPANY

Current Principal Place of Business:

ONE ERDMAN PLACE
MADISON, WI 53717

Current Mailing Address:

PO BOX 44975
MADISON, WI 53744 US

FEI Number: 20-0511364

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CPT
Name HAPP, BRIAN
Address ONE ERDMAN PLACE
City-State-Zip: MADISON WI 53717

Title S
Name KUEHL, DAVID C
Address 700 N. WATER STREET, SUITE 1200
City-State-Zip: MILWAUKEE WI 53202

Title VPE
Name HOFFMAN, ANDREW R
Address ONE ERDMAN PLACE
City-State-Zip: MADISON WI 53717

Title SR VP A&E
Name PRATT, ROBERT
Address ONE ERDMAN PLACE
City-State-Zip: MADISON WI 53717

Title VP OF E
Name METEYER, MICHAEL
Address 1 ERDMAN PL
City-State-Zip: MADISON WI 53717

Title VP OF E
Name WILDE, RANDY
Address 1 ERDMAN PL
City-State-Zip: MADISON WI 53717

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT PRATT

SR VP A&E

04/14/2020

Electronic Signature of Signing Officer/Director Detail

Date