

2022 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:

ONE ERDMAN PLACE
MADISON, WI 53717 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 TREASURER
Name HAPP, BRIAN
Address ONE ERDMAN PLACE
City-State-Zip: MADISON WI 53717

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

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

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

Title SECRETARY, DIRECTOR
Name ANDERSON, BRIAN D.
Address 700 N WATER ST.,
City-State-Zip: MILWAUKEE WI 53202

Title PRESIDENT
Name BECKER, RUSTIN
Address ONE ERDMAN PLACE
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: BRIAN D. ANDERSON

SECRETARY

04/25/2022

Electronic Signature of Signing Officer/Director Detail

Date