2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# 701392

Entity Name: UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620 US

New Principal Place of Business:

Current Mailing Address:

GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620 US

New Mailing Address:

FEI Number: 59-0879015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SEGREST, NOREEN
USF FOUNDATION GENERAL COUNSEL
4202 EAST FOWLER AVENUE, ALC100
TAMPA, FL 33620 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CHRM
Name: GILLETTE, GORDON L
Address: 4202 E FOWLER AVE, ALC100
City-St-Zip: TAMPA, FL 33620

Title: P
Name: MOMBERG, JOEL
Address: 4202 E FOWLER AVE, ALC100
City-St-Zip: TAMPA, FL 33620

Title: VCHR
Name: SIMMONS, LINDA O
Address: 4202 E FOWLER AVE, ALC100
City-St-Zip: TAMPA, FL 33620

Title: S
Name: TEAGUE, JOE P
Address: 4202 E FOWLER AVE, ALC100
City-St-Zip: TAMPA, FL 33620

Title: T
Name: BOMSTEIN, ALAN
Address: 4202 E FOWLER AVE, ALC100
City-St-Zip: TAMPA, FL 33620

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: ROB FISCHMAN CFO 01/10/2012

Electronic Signature of Signing Officer or Director Date