

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002410

FILED
Feb 28, 2012
Secretary of State

Entity Name: UNIVERSITY HEALTH NETWORK FOUNDATION (U.S.) INC.

Current Principal Place of Business:

190 ELIZABETH ST RF ELLIOT BLDG 5S-801
TORONTO ONTARIO
TORONTO, ON M5G 2C4 CA

New Principal Place of Business:

Current Mailing Address:

190 ELIZABETH ST RF ELLIOT BLDG 5S-801
TORONTO ONTARIO
TORONTO, ON M5G 2C4 CA

New Mailing Address:

FEI Number: 98-0158792 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KEY REGISTERED AGENTS, INC.
1001 BRICKELL BAY DR, SUITE 3112
MIAMI, FL 33131 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: D
Name: ALEXANDER, MICHAEL
Address: 200 MAGOON PASTURE LANE
City-St-Zip: STOWE, VT 05672

Title: PD
Name: HANSON, TENNYS
Address: RF ELLIOTT BLDG, 15-419
City-St-Zip: TORONTO, ON M5G 2C4

Title: D
Name: GOODSON, WILLIAM A
Address: 483 UPPER HOLLOW ROAD
City-St-Zip: STOWE, VT 05672

Title: TD
Name: SMITH, DAVID W
Address: 1 FIRST CANADIAN PLACE, BOX 63
City-St-Zip: TORONTO, ON M5X 1B1

Title: D
Name: SIMS, JANE W
Address: 24 DOCKSIDE LANE, # 41
City-St-Zip: KEY LARGO, FL 33037 OC

Title: SD
Name: CONNACHER, MARY J
Address: 38 AVE RD., STE. 1700
City-St-Zip: TORONTO, ON M5R 2G2

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: TENNYS J. M. HANSON

MRS.

02/28/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date