

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29909

1. Entity Name

THE MENNINGER CLINIC INCORPORATED

Principal Place of Business

5800 S.W. 6 AVENUE
TOPEKA KS 66606-9604

Mailing Address

P.O. BOX 829
TOPEKA KS 66601-0829

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-1036688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME FRICKE, HOWARD R
STREET ADDRESS 700 S.W. HARRISON STREET
CITY-ST-ZIP TOPEKA KS 66636-0001 ☐ Delete

TITLE T
NAME WITTENBURG, J. MARK
STREET ADDRESS 4534 S.W. AUBURN ROAD
CITY-ST-ZIP TOPEKA KS 66610 ☐ Delete

TITLE P
NAME MENNINGER, W. WALTER M.D.
STREET ADDRESS 1505 SW PLASS
CITY-ST-ZIP TOPEKA KS 66604 ☐ Delete

TITLE S
NAME BURNAU, PATRICK M
STREET ADDRESS 410 S.W. DANBURY LANE
CITY-ST-ZIP TOPEKA KS 66606 ☐ Delete

TITLE D
NAME HAYES, JOHN E
STREET ADDRESS P.O. BOX 889 N/A
CITY-ST-ZIP TOPEKA KS 66601-0889 ☒ Delete

TITLE D
NAME SAVAGE, THOMAS J
STREET ADDRESS 1100 ROCKHURST ROAD
CITY-ST-ZIP KANSAS CITY MO 64110-2561 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: J. Mark Wittenburg, EVP-Adm&Fin 2/2/01 785-350-5696

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90041 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Florida Document #P29909
The Menninger Clinic, Incorporated
FE# 48-1036688

Attachment
DH P29909

10 Officers & Directors

Title V
Name Efrain Blieberg
Street Address 516 SW Danbury Lane
City, St, Zip Topeka, KS 66606

Title D
Name Leonard Duhl, MD
Street Address 639 Cragmont Ave
City, St, Zip Berkely, CA 94708-6485

Title D
Name Julia Menninger Gottesman
Street Address US Box 307
City, St, Zip Sierra Madre, CA 91025-0307

Title D
Name Wayne Holtzman, PhD
Street Address PO Box 7998
City, St, Zip Sustin, TX 78713-7998

Title D
Name Harvey Kurweil
Street Address 1301 Avenue of the Americas
City, St, Zip New York, NY 10019-6092

Title D
Name Cathleen Dodson Macauley
Street Address 9201 State Line
City, St, Zip Kansas City, MO 64114-3298

Title D
Name Sister Mary Rose McGeady
Street Address 346 W 17th Street
City, St, Zip New York, NY 10011-5002

Title D
Name Karl A Menninger II
Street Address 213 E Taylor, #12
City, St, Zip Petersburg, IL 62675

Title D
Name Mildred Mitchell-Bateman, MD
Street Address 1016 First Ave
City, St, Zip Charleston, WV 25302

Title D
Name Carol C Nadelson, MD
Street Address 30 Amory Street
City, St, Zip Brookline, MA 02146

Title D
Name Alberta E Siegel, PhD
Street Address 1290 Sharon Park, Dr, Apt 47
City, St, Zip Menlo Park, CA 94025-7037

Title D
Name Harold M Vistosky, MD
Street Address 675 N St. Clair Street, Ste 20-250
City, St, Zip Chicago, IL 60611