2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2016
Secretary of State
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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

Current Mailing Address:

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

FEI Number: 59-0879015

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SEGREST, NOREEN
USF FOUNDATION GENERAL COUNSEL
4202 EAST FOWLER AVENUE, ALC100
TAMPA, FL 33620 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	CHRM
Name	TEAGUE, JOE P
Address	GIBBONS ALUMNI CENTER 4202 E FOWLER AVE ALC 100
City-State-Zip:	TAMPA FL 33620

Title	VCHR
Name	MORGAN, GEORGE
Address	GIBBONS ALUMNI CENTER 4202 E FOWLER AVE ALC 100
City-State-Zip:	TAMPA FL 33620

Title	T
Name	NEWTON, CHIP
Address	GIBBONS ALUMNI CENTER 4202 E FOWLER AVE ALC 100
City-State-Zip:	TAMPA FL 33620

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

Title	S
Name	FERNANDEZ, MARK
Address	GIBBONS ALUMNI CENTER 4202 E FOWLER AVE ALC 100
City-State-Zip:	TAMPA FL 33620

Title	CFO
Name	FISCHMAN, ROBERT A
Address	GIBBONS ALUMNI CENTER 4202 E FOWLER AVE ALC 100
City-State-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: ROBERT FISCHMAN CFO 01/20/2016

Electronic Signature of Signing Officer/Director Detail — Date