

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 821162

**Entity Name:** SHRINERS HOSPITALS FOR CHILDREN, INC.**Current Principal Place of Business:**2900 ROCKY POINT DRIVE  
TAMPA, FL 33607**Current Mailing Address:**P.O. BOX 31356  
TAMPA, FL 33631-3356 US**FEI Number: 36-2193608****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            MAXWELL, DOUGLAS E  
Address        15148 ISLEVIEW DRIVE  
City-State-Zip: CHESTERFIELD MO 63017

Title            1ST VICE PRESIDENT  
Name            GANTT, JERRY G  
Address        2929 BUFFALO SPEEDWAY, LAMAR  
                  #1603  
City-State-Zip: HOUSTON 77098

Title            TREASURER  
Name            MCCONNELL, JAMES L.  
Address        3003 WALNUT STREET  
City-State-Zip: GRAND FORKS ND 58201

Title            DIRECTOR  
Name            CAIN, JIM L SR.  
Address        4569 WINFIELD DR.  
City-State-Zip: NASHVILLE TN 37211

Title            CHAIRMAN  
Name            STAUSS, DALE W  
Address        2514 AUGUSTA DRIVE  
City-State-Zip: GRAND FORKS ND 58201

Title            2ND VICE PRESIDENT  
Name            SMITH, CHRISTOPHER L  
Address        8733 GERMANTOWN ROAD  
City-State-Zip: OLIVE BRANCH MS 38654

Title            DIRECTOR  
Name            CINOTTO, JOHN A.  
Address        16868 OAK MANOR DR.  
City-State-Zip: WESTFIELD IN 46074

Title            SECRETARY  
Name            BERGENSKA, GARY L.  
Address        236 FLAME AVENUE  
City-State-Zip: MAITLAND FL 32751

*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: DOUGLAS E. MAXWELL****PRESIDENT****04/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date