

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002727

**FILED**  
**Mar 08, 2019**  
**Secretary of State**  
**9624951956CC**

**Entity Name:** AMERICAN COLLEGE OF SURGEONS FOUNDATION, INC.

**Current Principal Place of Business:**

633 N. ST. CLAIR STREET  
CHICAGO, IL 60611

**Current Mailing Address:**

633 N. ST. CLAIR STREET  
CHICAGO, IL 60611

**FEI Number: 30-0305504**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CHAIR  
Name MCGRATH, MARY H. DR.  
Address 633 N. ST. CLAIR STREET  
City-State-Zip: CHICAGO IL 60611

Title VICE CHAIR  
Name LUCAS, CHARLES E. DR.  
Address 633 N. ST. CLAIR STREET  
City-State-Zip: CHICAGO IL 60611

Title SECRETARY  
Name BUSH, RUTH L. DR.  
Address 633 N. ST. CLAIR STREET  
City-State-Zip: CHICAGO IL 60611

Title CFO  
Name VINCENT, GAY L. CPA  
Address 633 N. ST. CLAIR STREET  
City-State-Zip: CHICAGO IL 60611

Title TREASURER  
Name CIOFFI, WILLIAM G. JR.  
Address 633 N. ST. CLAIR STREET  
City-State-Zip: CHICAGO IL 60611

Title FOUNDATION PRESIDENT  
Name HOYT, DAVID B. DR.  
Address 633 N. ST. CLAIR STREET  
City-State-Zip: CHICAGO IL 60611

Title FOUNDATION EXECUTIVE DIRECTOR  
Name HOLLETT, SHANE  
Address 633 N. ST. CLAIR STREET  
City-State-Zip: CHICAGO IL 60611

Title ACS PRESIDENT, EX-OFFICIO  
Name MAIER, RONALD V. DR.  
Address 633 N. ST. CLAIR STREET  
City-State-Zip: CHICAGO IL 60611

*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: GAY VINCENT**

**CHIEF FINANCIAL  
OFFICER**

**03/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date