2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2025
Secretary of State
3651052319CC

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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	BAILEY, H. RANDOLPH
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611

Title	TREASURER
Name	NAKAYAMA, DON K.
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611

Title	CFO
Name	RODGERS, PAIGE A.
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611

Title	SECRETARY
Name	STEWART, JOHN H. IV
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611

Title	VICE CHAIR
Name	MOUAWAD, NICOLAS J.
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611

Title	FOUNDATION PRESIDENT
Name	TURNER, PATRICIA L.
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611

Title	FOUNDATION DIRECTOR
Name	CARONA, BETH WHITE
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611

Title	DIRECTOR
Name	AL-REFAIE, WADDAH B.
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611

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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: PATRICIA TURNER PRESIDENT 03/18/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	COOPER, ARTHUR
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611

Title	DIRECTOR
Name	SANFEY, HILARY
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611

Title	DIRECTOR
Name	VINEY, R. SHELTON
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611

Title	DIRECTOR
Name	GOLDBERG, ROSS F.
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611

Title	DIRECTOR
Name	SUTTON, BETH H.
Address	633 N. ST. CLAIR STREET
City-State-Zip:	CHICAGO IL 60611