

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 27, 2016
Secretary of State
CC7398292606

Entity Name: THE FOUNDATION FOR ANESTHESIA EDUCATION AND RESEARCH INC.

Current Principal Place of Business:

1061 AMERICAN LANE
SCHAUMBURG, IL 60173

Current Mailing Address:

1061 AMERICAN LANE
SCHAUMBURG, IL 60173 US

FEI Number: 52-1494164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
115 NORTH CALHOUN ST., SUITE 4
TALLAHASSEE, FL 32301 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 SECRETARY, TREASURER
Name PETERSON, MARY DALE
Address 210 NAPLES STREET
City-State-Zip: CORPUS CHRISTI TX 78404

Title DIRECTOR
Name COLE, DANIAL
Address 757 WESTWOOD PLAZA
SUITE 3325
City-State-Zip: LOS ANGELES CA 90095

Title DIRECTOR
Name DUTTON, RICHARD P
Address 405 S. CLIFTON AVENUE
City-State-Zip: PARK RIDGE IL 60068

Title DIRECTOR
Name GRANT, JAMES D
Address 1574 SODON LAKE DRIVE
City-State-Zip: PARK RIDGE CA 90095

Title CHAIR AND ACTING PRESIDENT/CEO
Name HAWKINS, JOY L.
Address 21 HYDE PARK CIRCLE
City-State-Zip: DENVER CO 80209

Title DIRECTOR
Name HOPF, HARRIETT
Address 1099 NORTHBONNEVILLE DRIVE
City-State-Zip: SALT LAKE CITY UT 48302

Title DIRECTOR
Name JOHNS, ROGER
Address 13008 HEIL MANOR DRIVE
City-State-Zip: REISTERSTOWN MD 21136

Title DIRECTOR
Name JONES, KEITH A.
Address 619 S. 19TH STREET
City-State-Zip: BIRMINGTON AL 35249

Continues on page 2

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: JOY L. HAWKINS, MD

CHAIR AND ACTING
PRESIDENT/CEO

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KAIN, ZEEV
Address 333 CITY BLVD., W. 21ST FLOOR
SUITE 2150
City-State-Zip: ORANGE CA 92868

Title DIRECTOR
Name MASON, LINDA
Address 1665 HALSEY STREET
City-State-Zip: REDLANDS CA 92373

Title DIRECTOR
Name MCGOWAN, FRANCIS X.
Address 34TH STREET, CIVIC CENTER BLVD.
City-State-Zip: PHILADELPHIA PA 19104

Title VICE-CHAIR- PROGRAMS
Name TOLEDO, PALOMA
Address 251 E. HURON STREET, F5-704
City-State-Zip: CHICAGO IL 60611

Title DIRECTOR
Name ZAPOL, NIKKI
Address 30 SHEPARD STREET
City-State-Zip: CAMBRIDGE MD 02138

Title DIRECTOR
Name SESSLER, MD, DANIEL I.
Address 9500 EUCLID AVENUE-P77
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name NJOKU, MD, DELORES B.
Address 1509 IVY HILL ROAD
City-State-Zip: COCKEYSVILLE MD 21030

Title VICE-CHAIR- DEVELOPMENT
Name WILLIAMS, KAREN S.
Address 2707 WOODLAKE ROAD
City-State-Zip: MITCHELLVILLE MD 20721

Title PRESIDENT/CEO
Name EISENACH, JAMES C.
Address MEDICAL CENTER BLVD
City-State-Zip: WINSTON-SALEM NC 27157

Title DIRECTOR
Name KUHN, CATHERINE K.
Address 14 KENDALL DRIVE
City-State-Zip: CHAPEL HILL NC 27517

Title DIRECTOR
Name MAZE, MERVYN
Address 226 CHICO AVENUE
City-State-Zip: SANTA CRUZ CA 95060

Title DIRECTOR
Name STUTH, ECKEHARD A
Address 1451 PARISH DRIVE
City-State-Zip: HUBERTUS WI 53033

Title DIRECTOR
Name WOOD, MARGARET
Address 955 FIFTH AVE.
APT. 11A
City-State-Zip: NEW YORK NY 10075

Title DIRECTOR
Name STANLEY, MD, THEODORE H.
Address 607 N. CAPITAL PARK AVENUE
City-State-Zip: SALT LAKE CITY UT 84103

Title DIRECTOR
Name SESSLER, MD, ALAN D.
Address 211 SECOND STREET NW
APT.2007
City-State-Zip: ROCHESTER MN 55901

Title DIRECTOR
Name MASHOUR, MD, PHD, GEORGE A.
Address 1500 E MEDICAL CENTER DRIVE
City-State-Zip: ANN ARBOR MI 48109

Title CHAIR-ELECT/VICE CHAIR- GRANTS
Name KHARASCH, MD, PHD, EVAN D
Address 660 SOUTH EUCLID AVENUE, BOX
8054
City-State-Zip: ST. LOUIS MO 63110