

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004877

**Entity Name:** ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE, CORP.

**Current Principal Place of Business:**

3333 GREEN BAY RD  
N CHICAGO, IL 60064

**Current Mailing Address:**

3333 GREEN BAY RD  
N CHICAGO, IL 60064

**FEI Number: 36-2181973**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH 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	Title	VP FINANCE & ADMINISTRATION
Name	WELCH, MICHAEL	Name	NYLEN, JOHN
Address	3333 GREEN BAY RD	Address	3333 GREEN BAY RD
City-State-Zip:	N CHICAGO IL 60064	City-State-Zip:	N CHICAGO IL 60064

*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: JOHN NYLEN

VP FINANCE & ADMIN

04/04/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date