

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001602

Entity Name: HIGHSOPE EDUCATIONAL RESEARCH FOUNDATION, INC.**Current Principal Place of Business:**600 NORTH RIVER STREET
YPSILANTI, MI 48198**Current Mailing Address:**600 NORTH RIVER STREET
YPSILANTI, MI 48198**FEI Number:** 23-7001501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONTEALEGRE, CAROL C.
1322 CASTILE AVENUE
CORAL GABLES, FL 33134 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:** CAROL MONTEALEGRE

06/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name LOPEZ, MICHAEL L
Address 4550 MONTGOMERY AVENUE, SUITE
800 NORTH
City-State-Zip: BETHESA MD 20814-3343

Title P
Name POLK, CHERYL
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title D
Name LASH FREEMAN, BONNIE
Address 3617 NORTHWEST PARKWAY
City-State-Zip: LOUISVILLE KY 40212

Title DIRECTOR
Name MURPHY, TERRY
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title CHAIRMAN, DIRECTOR
Name MARTELLA, JANA
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title CFO
Name JANETZKE, JAMES
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title C
Name STIPEK, DEBORAH
Address 130 FOX HOLLOW
City-State-Zip: WOODSIDE CA 94062

Title DIRECTOR
Name MCDONALD, KRISTEN
Address 100 TALON CENTRE DRIVE STE 100
City-State-Zip: DETROIT MI 48207

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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: JAMES JANETZKE

CFO

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CORRAL-TERRAZAS, GLORIA
Address 1245 FARMERVILLE ST
City-State-Zip: CHULA VISTA CA 91921

Title CHAIRMAN
Name GARDNER, CYNTHIA
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title DIRECTOR
Name STOKES II, BRYAN
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title DIRECTOR
Name BARBARIN, OSCAR
Address 600 N RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title DIRECTOR
Name SAMUEL, AALIYAH
Address 8018 OAK BRIDGE LANE
City-State-Zip: FAIRFAX STATION VA 22039

Title DIRECTOR
Name MEYERS HYDE, ELIZABETH
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title CHIEF RESEARCH OFFICER
Name IRUKA, IHEOMA
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title DIRECTOR
Name BURRELL, RALPH
Address 600 N RIVER STREET
City-State-Zip: YPSILANTI MI 48198