

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005162

**FILED**  
**Feb 01, 2021**  
**Secretary of State**  
**5703194743CC**

**Entity Name:** HERZING UNIVERSITY, LTD., CORPORATION

**Current Principal Place of Business:**

C/O HERZING UNIVERSITY  
W140 N8917 LILLY ROAD  
MENOMONEE FALLS, WI 53051

**Current Mailing Address:**

W140 N8917 LILLY ROAD  
MENOMONEE FALLS, WI 53051 US

**FEI Number:** 27-1503981

**Certificate of Status Desired:** Yes

**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 TRUSTEE  
Name HEFFERNAN, PETER  
Address W140 N8917 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title TRUSTEE  
Name HARENG, ERIN  
Address W140 N8917 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title TRUSTEE  
Name HERZING, HENRY  
Address W140 N8917 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title TRUSTEE  
Name FROEHLICH, JOE  
Address W140 N8917 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title TRUSTEE  
Name KING, CHERYL  
Address W140 N8917 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title TRUSTEE  
Name TODUS, PATRICIA  
Address W140 N8917 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title CEO, OFFICER  
Name HERZING, RENEE  
Address W140 N8917 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title OFFICER  
Name KAUTZER, KITTY  
Address W140 N8917 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

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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:** DEBORAH PAUKNER

**CONTROLLER/CORP.**  
**SEC.**

**02/01/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name BAUMANN, WENDY  
Address W140 N8917 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title SECRETARY, OFFICER  
Name PAUKNER, DEBORAH  
Address C/O HERZING UNIVERSITY  
W140 N8917 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title TRUSTEE  
Name AMBROSIUS, MARK  
Address W140 N8917 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051

Title CFO, TREASURER  
Name PARKS, ERIK  
Address W140 N8917 LILLY ROAD  
City-State-Zip: MENOMONEE FALLS WI 53051