

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000001300

Entity Name: ROGERS MEMORIAL HOSPITAL FOUNDATION, INC.

FILED
Feb 24, 2021
Secretary of State
0835878714CC

Current Principal Place of Business:

34700 VALLEY RD
OCONOMOWOC, WI 53066

Current Mailing Address:

34700 VALLEY RD
OCONOMOWOC, WI 53066 US

FEI Number: 39-1363507

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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 C
Name ELLENBECKER-LIPSKY, JULIE
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title VCT
Name KONOPA, KEVIN
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title S
Name NGUYEN, DIEM
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title MBR
Name BENNANI, MYRIEM
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title MBR
Name DEABLER, RON
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title MBR
Name FRITZ, MOLLY
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title MBR
Name GAMBILL, CAROLYN
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title MBR
Name HAZOD, JILL
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

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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: MATTHIAS SCHUETH

**EXECUTIVE VICE
PRESIDENT -
FOUNDATION**

02/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MBR
Name JACOBI, DAVID DR.
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title MBR
Name KEELING, BRIAN
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title MBR
Name SCHUMAKER, ANNE
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title MBR
Name ZASTROW, NATE
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title MBR
Name JOY, KEVIN
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title MBR
Name LORENZ, LORI
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title MBR
Name ZABAWA, BARBARA
Address 34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066

Title EVP
Name SCHUETH, MATTHIAS
Address ROGERS MEMORIAL HOSPITAL
FOUNDATION
34700 VALLEY RD
City-State-Zip: OCONOMOWOC WI 53066