

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000001300

**Entity Name:** ROGERS MEMORIAL HOSPITAL FOUNDATION, INC.

**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:** No

**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 CHAIRMAN  
Name KONOPA, KEVIN  
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 HAZOD, JILL  
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 VC  
Name KEELING, BRIAN  
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 SCHUMAKER, ANNE  
Address 34700 VALLEY RD  
City-State-Zip: OCONOMOWOC WI 53066

Title TREASURER  
Name ZASTROW, NATE  
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 VP**

**01/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title MBR  
Name PETELINSEK, LISA  
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 TOSON, CHRISTINE  
Address 34700 VALLEY RD  
City-State-Zip: OCONOMOWOC WI 53066