

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005337

Entity Name: INDUSTRIES FOR THE BLIND AND VISUALLY IMPAIRED, INC.

FILED
Mar 27, 2024
Secretary of State
5548335461CC

Current Principal Place of Business:

445 S. CURTIS RD
WEST ALLIS, WI 53214

Current Mailing Address:

445 S. CURTIS RD
WEST ALLIS, WI 53214

FEI Number: 39-0840476

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 BDFD
Name DOWD, SUSAN
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Title BDFD
Name STADLER, CHUCK
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Title BDFD
Name KOHLER, JOE
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Title SECRETARY
Name LOCOCO, DAN
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Title BDFD
Name BONNER, MICHAEL DR.
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Title VC
Name SCRIVNER, THOMAS
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Title BDFD
Name LANGE III, CHARLES
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Title CHAIRMAN
Name O'CONNOR, JOHN
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Continues on page 2

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: JEFF MADDEN

CFO

03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BDFD
Name HARRELL, SHERRICE
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Title BDFD
Name KICKBUSH, MATTHEW
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Title BDFD
Name VAN VOLKINBURG, MARY VAUGHN
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Title TREASURER
Name MADDEN, JEFF
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Title BDFD
Name CHADA, HEIDI
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214

Title BDFD
Name BALLARD, CORY
Address 445 S. CURTIS RD
City-State-Zip: WEST ALLIS WI 53214