

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00765

Entity Name: UNIVERSITY OF ST. FRANCIS CORPORATION**Current Principal Place of Business:**UNIVERSITY OF ST. FRANCIS
500 N. WILCOX STREET
JOLIET, IL 60435**Current Mailing Address:**UNIVERSITY OF ST. FRANCIS
500 N. WILCOX STREET
JOLIET, IL 60435 US**FEI Number:** 36-2170999**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HICKS, LYLE DR.
8320 ESPERANZA STREET
UNIT 1606
FT. MEYERS, FL 33912 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:** DR. LYLE HICKS**03/15/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRPERSON
Name SCHEUBER, ARTHUR F.
Address UNIVERSITY OF ST. FRANCIS
500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title VICE CHAIRPERSON
Name VANA, THOMAS
Address UNIVERSITY OF ST. FRANCIS
500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title SECRETARY
Name JOHNSON, ARVID C. PHD
Address UNIVERSITY OF ST. FRANCIS
500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title TREASURER
Name GARD, JULEE
Address UNIVERSITY OF ST. FRANCIS
500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title DIRECTOR
Name BRENNAN, MICHAEL
Address UNIVERSITY OF ST. FRANCIS
500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title DIRECTOR
Name BASS, MARK D.
Address UNIVERSITY OF ST. FRANCIS
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City-State-Zip: JOLIET IL 60435

Title DIRECTOR
Name STEVENSON, DAN
Address UNIVERSITY OF ST. FRANCIS
500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title DIRECTOR
Name DOLLINGER, EDWARD
Address UNIVERSITY OF ST. FRANCIS
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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: ARVID C. JOHNSON, PH.D.**SECRETARY****03/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOLDMAN, SCOTT
Address UNIVERSITY OF ST. FRANCIS
500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title DIRECTOR
Name JERKOFISKY, MARYANN SR.
Address UNIVERSITY OF ST. FRANCIS
500 N. WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title DIRECTOR
Name MCCARTHY, CHERYL
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name SZAMBELANCZYK, FAITH
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name ZEMONT, DOLORES SR.
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name WHEELER, PATRICIA S.
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name ARELLANO, ANTHONY
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name ROSEN, CANDICE
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name BRICK, MYRON
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name CUNNEA, KIMBERLY

Title DIRECTOR
Name HABIGER, DIANE F.
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name LEWIS, JAMES B. FR.
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Title DIRECTOR
Name SIDHU, PARAMJIT SINGH
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Title DIRECTOR
Name TURK, MICHAEL
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Title DIRECTOR
Name STEPNEY, CHERYL
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Title DIRECTOR
Name YOUNG, MARY JO PHD
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Title DIRECTOR
Name MALLOF, JOSEPH
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Title DIRECTOR
Name BELLAH, WILLIAM
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Title DIRECTOR
Name BRUNO, SUE SR.
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Title DIRECTOR
Name ERICKSON, ROBERT

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Title DIRECTOR
Name SCHMOIG, KEITH

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Title DIRECTOR
Name WYZE, COLLEEN
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Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name STREITZ, DANIEL

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