

2014 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:**MCCOY, JANICE
3330 SPARTINA AVE.
MERRITT ISLAND, FL 32953 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 PRESIDENT
Name MCGOWAN, KATHLEEN J.
Address UNIVERSITY OF ST. FRANCIS
 500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title VP
Name GAVLIN, CHRYSTEL L.
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 LAKEN, ELIZABETH
Address UNIVERSITY OF ST. FRANCIS
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City-State-Zip: JOLIET IL 60435

Title D
Name BUCHANAN, DEWITT
Address UNIVERSITY OF ST. FRANCIS
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City-State-Zip: JOLIET IL 60435

Title D
Name BARON, ROBERT J J.D.
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
 500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title DIRECTOR
Name CIARLETTE, KAREN
Address UNIVERSITY OF ST. FRANCIS
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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: DR. ARVID C. JOHNSON**SECRETARY****01/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FEDERICI, ROBERT DR.
Address UNIVERSITY OF ST. FRANCIS
500 N. WILCOX STREET
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Title DIRECTOR
Name GIEGERICH, BRIAN
Address UNIVERSITY OF ST. FRANCIS
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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 SCHEUBER, ARTHUR
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Title DIRECTOR
Name SZAMBELANCZYK, FAITH
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Title DIRECTOR
Name VANA, THOMAS
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Title DIRECTOR
Name WEBB, J. BRADLEY J.D.
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Title DIRECTOR
Name WYLLIE, LAWRENCE A.
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Title DIRECTOR
Name YOUNG, MARY JO PHD

Title DIRECTOR
Name DOWD, MICHAEL
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Title DIRECTOR
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Title DIRECTOR
Name KINSELLA, DOROTHY SR.
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Title DIRECTOR
Name MAURER, KARL
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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 ZEMONT, DOLORES SR.
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Title DIRECTOR
Name WHEELER, PATRICIA S.
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Title DIRECTOR
Name WYSOCKI, ROBERT W.
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