

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003175

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC1532405134**

**Entity Name:** USA RUGBY CHARITABLE FOUNDATION CORP.

**Current Principal Place of Business:**

2500 ARAPAHOE AVENUE, SUITE 200  
BOULDER, CO 80302

**Current Mailing Address:**

2500 ARAPAHOE AVENUE, SUITE200  
BOULDER, CO 80302

**FEI Number:** 85-0486679

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
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 D  
Name WIEDERAENDERS, NIKKI  
Address 2500 ARAPAHOE AVENUE, SUITE 200  
City-State-Zip: BOULDER CO 80302

Title S  
Name SHERWOOD, CHUCK  
Address 2500 ARAPAHOE AVENUE, SUITE 200  
City-State-Zip: BOULDER CO 80302

Title T  
Name PRENTICE, CHRIS  
Address 2500 ARAPAHOE AVENUE, SUITE 200  
City-State-Zip: BOULDER CO 80302

Title P  
Name YEAGER, STEVE  
Address 2500 ARAPAHOE AVENUE, SUITE 200  
City-State-Zip: BOULDER CO 80302

Title V  
Name PUOPOLO, MIKE  
Address 2500 ARAPAHOE AVENUE, SUITE 200  
City-State-Zip: BOULDER CO 80302

Title D  
Name BELL, NICK  
Address 2500 ARAPAHOE AVENUE, SUITE 200  
City-State-Zip: BOULDER CO 80302

*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:** NIKKI WIEDERAENDERS

**EXECUTIVE DIRECTOR**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date