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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 837474 (6)					
1. Corporation Name AUTISM SOCIETY OF AMERICA, INC.					
Principal Place of Business 7910 WOODMONT AVE. SUITE 650 BETHESDA MD 20814			Mailing Address 7910 WOODMONT AVE. SUITE 650 BETHESDA MD 20814		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1976	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 52-1020149	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROSEN, JACQUELYN 1914 FINN HILL DRIVE LANTANA FL 33462				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	IPPD	<input checked="" type="checkbox"/> DELETE			
NAME	ROSEN, JACQUELYN				
STREET ADDRESS	1914 FINN HILL DRIVE				
CITY-ST-ZIP	LANTANA FL 33462				
TITLE	3VPD	<input type="checkbox"/> DELETE			
NAME	GERHARDT, PETER				
STREET ADDRESS	213 NASSAU STREET				
CITY-ST-ZIP	PRINCETON NJ 08540				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HORNE, AUDREY				
STREET ADDRESS	110 BRYANT STREET P.O. BOX 6				
CITY-ST-ZIP	ST. GEORGE SC 29477				
TITLE	1VPD	<input checked="" type="checkbox"/> DELETE			
NAME	SACK, JAMES				
STREET ADDRESS	8300 GREENSBORO DRIVE #1080				
CITY-ST-ZIP	MC LEAN VA 22102				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	KOWNACKI, SANDRA				
STREET ADDRESS	1653 TWIN OAKS DR				
CITY-ST-ZIP	ARNOLD MO 63010				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	ROTH, ELIZABETH				
STREET ADDRESS	4125 QUENN MARY DRIVE				
CITY-ST-ZIP	OLNEY MD 20832				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Peter Gerhardt, Direct <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	(same address still)				
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	Audrey Horne, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	(address still same)				
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	Sandra Kownacki, IPPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	(address still same)				
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	Lee Grossman, IVPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
4.2 NAME	264 Dowsett Ave.				
4.3 STREET ADDRESS	Honolulu, HI 96817				
4.4 CITY-ST-ZIP					
5.1 TITLE	Anne Struthers, 3VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
5.2 NAME	130 South Ave.				
5.3 STREET ADDRESS	Alamo, CA 94507				
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (10/97)

SIGNATURE: Audrey I. Horne 1/22/98 301-6570881