

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837474

FILED
Apr 22, 2010
Secretary of State

Entity Name: AUTISM SOCIETY OF AMERICA, INC.

Current Principal Place of Business:

7910 WOODMONT AVE.
SUITE 300
BETHESDA, MD 20814

New Principal Place of Business:

4340 EAST-WEST HIGHWAY
SUITE 350
BETHESDA, MD 20814

Current Mailing Address:

7910 WOODMONT AVE.
SUITE 300
BETHESDA, MD 20814

New Mailing Address:

4340 EAST-WEST HIGHWAY
SUITE 350
BETHESDA, MD 20814

FEI Number: 52-1020149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CBOD
Name: PRATT, CATHY
Address: 3853 EAST TENTH STREET
City-St-Zip: BLOOMINGTON, IN 47408 US

Title: PD
Name: GROSSMAN, LEE
Address: 6503 URSLINE CT.
City-St-Zip: MCLEAN, VA 22101 US

Title: D
Name: BALL, JAMES
Address: 4 HICKORY COURT
City-St-Zip: CRANBURY, NJ 08512 US

Title: TD
Name: REEDY, JOHN
Address: 7817 E. VIA DEL FUTURO
City-St-Zip: SCOTTSDALE, AZ 85258 US

Title: SD
Name: FREEMAN FLOYD, LIZ
Address: TEACHERS COLLEGE, RM 722, BALL STATE UNIV.
City-St-Zip: MUNCIE, IN 47306 US

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: LIZ FREEMAN FLOYD

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04/22/2010

Electronic Signature of Signing Officer or Director

Date