

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000220

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.

**Current Principal Place of Business:**

55 KENOSIA AVENUE  
DANBURY, CT 068131968

**New Principal Place of Business:**

**Current Mailing Address:**

55 KENOSIA AVENUE  
DANBURY, CT 068131968

**New Mailing Address:**

FEI Number: 13-3223946      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: P ( ) Delete  
Name: MEYERS, ABBEY S  
Address: 55 KENOSIA AVENUE  
City-St-Zip: DANBURY, CT 06813

Title: V ( ) Delete  
Name: HARDIN, MARIA  
Address: 55 KENOSIA AVENUE  
City-St-Zip: DANBURY, CT 06813

Title: S ( ) Delete  
Name: SYMONDS, KIMBERLY  
Address: 55 KENOSIA AVENUE  
City-St-Zip: DANBURY, CT 06813

Title: T ( ) Delete  
Name: BAJARDI, STEPHEN E  
Address: 55 KENOSIA AVENUE  
City-St-Zip: DANBURY, CT 06813

Title: C ( ) Delete  
Name: ASBURY, CAROLYN PH.D.  
Address: 55 KENOSIA AVENUE  
City-St-Zip: DANBURY, CT 06813

Title: VC ( ) Delete  
Name: SASINOWSKI, FRANK J  
Address: 55 KENOSIA AVENUE  
City-St-Zip: DANBURY, CT 06813

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SALTONSTALL, PETER L  
Address: 55 KENOSIA AVENUE  
City-St-Zip: DANBURY, CT 06813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PETER L. SALTONSTALL

P

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date