

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006102

FILED
May 02, 2007
Secretary of State

Entity Name: AUTISM SPEAKS INC.

Current Principal Place of Business:

2 PARK AVENUE 11TH FL
NEW YORK, NY 10016

New Principal Place of Business:

Current Mailing Address:

2 PARK AVENUE 11TH FL
NEW YORK, NY 10016

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD.
515 E PARK AVE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WRIGHT, ROBERT C
Address: 30 ROCKEFELLER PLAZA 52ND FLOOR
City-St-Zip: NEW YORK, NY 10112

Title: VC () Delete
Name: WRIGHT, SUZANNE
Address: 610 FIFTH AVE SUITE 604
City-St-Zip: NEW YORK, NY 10020

Title: P () Delete
Name: ROITHMAYR, MARK
Address: 2 PARK AVENUE 11TH FL
City-St-Zip: NEW YORK, NY 10016

Title: ST () Delete
Name: GEIER, PHILIP
Address: 70 E 55TH STREET 15TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: CONRAD, ANDREW PHD
Address: 2440 S SEPULVEDA BLVD #235
City-St-Zip: LOS ANGELES, CA 90064

Title: D () Delete
Name: DICICCO-BLOOM, EMANUEL
Address: 675 HOES LANE RWJSPH ROOM 362
City-St-Zip: PISCATAWAY, NJ 08854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: CFO (X) Change () Addition
Name: HETZEL, TOM
Address: 99 WALL STREET
City-St-Zip: PRINCETON, NJ 08540

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: TOM HETZEL

CFO

05/02/2007

Electronic Signature of Signing Officer or Director

Date