

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006102

FILED
Apr 15, 2009
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:

1060 STATE ROAD
2ND FLOOR
PRINCETON, NJ 08540

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD.
515 E PARK AVE
TALLAHASSEE, FL 32301 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: 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: CFO () Delete
Name: HETZEL, TOM
Address: 1060 STATE ROAD, 2ND FLOOR
City-St-Zip: PRINCETON, NJ 08540

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: D (X) Change () Addition
Name: BERNARD, SALLIE
Address: 281 NORTH STAR DRIVE
City-St-Zip: ASPEN, CO 81611

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: TOM HETZEL

CFO

04/15/2009

Electronic Signature of Signing Officer or Director

Date