

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004337

FILED
Apr 06, 2012
Secretary of State

Entity Name: AMERICAN SYRINGOMYELIA ALLIANCE PROJECT, INC.

Current Principal Place of Business:

300 N. GREEN ST., SUITE 412
LONGVIEW, TX 75601

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1586
LONGVIEW, TX 756061586

New Mailing Address:

FEI Number: 75-2245195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, SARA
2101 PAOLI DR NE
PALM BAY, FL 32907 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: DIR
Name: PATTERSON, SARA
Address: 2101 PAOLI DR. NE
City-St-Zip: PALM BAY, FL 32907

Title: PRES
Name: SCHAUBLIN, PATRICE
Address: 700 ADMIRAL LANE
City-St-Zip: DURHAM, NC 27705

Title: SECY
Name: MCFARLAND, KAREN
Address: 12408 GAYTON STATION BLVD.
City-St-Zip: RICHMOND, VA 23233

Title: DIR
Name: ELLIE, MCCALLUM
Address: 147 NE JAMES ST.
City-St-Zip: CAMAS, WA 98607

Title: TREA
Name: HAGELGANS, WILLIAM
Address: 121 APEL AVE.
City-St-Zip: ORELAND, PA 19075

Title: DIR
Name: JOHN, HEISS MD
Address: BLDG 10 RM 5037 10 CENTER DR MSC-1414
City-St-Zip: BETHESDA, MD 20892

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: WILLIAM HAGELGANS

TREA

04/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date