

**FILE NOW: FILING FEE IS \$61.25**

49-183

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000002163 (4)**  
 1. Corporation Name  
**PARKINSON'S DISEASE FOUNDATION, INC.**



Principal Place of Business <b>710 WEST 168TH STREET NEW YORK NY 10032</b>	Mailing Address <b>710 WEST 168TH STREET NI BOX 206 NEW YORK NY 10032</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>05/10/1993</b>	3a. Date of Last Report <b>02/15/1995</b>
4. FEI Number <b>13-1866796</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title, if applicable. (NOT Registered Agent signature required unless for stating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BLACK, WILLIAM MRS.	
STREET ADDRESS	BON REPOS, PREMIUM POINT	
CITY-ST-ZIP	NEW ROCHELLE NY 10801	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROWLAND, LEWIS P M.D.	
STREET ADDRESS	NEUROLOGICAL INSTITUTE 710 W., 168TH ST.	
CITY-ST-ZIP	NEW YORK NY 10032	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STRONE, MICHAEL J ESQ.	
STREET ADDRESS	10 GENESSEE TRAIL	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KONECKY, ISOBEL ROBINS	
STREET ADDRESS	248 EAST 68TH STREET	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KALIKOW, EDWARD M	
STREET ADDRESS	HEWLETT ASSOCIATES 95-25 QUEENS BLVD.	
CITY-ST-ZIP	REGO PARK NY 11374	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAHN, STANLEY M.D.	
STREET ADDRESS	710 WEST 168TH STREET	
CITY-ST-ZIP	NEW YORK NY 10032	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	400001770704
23 STREET ADDRESS	-04/05/96--01032--025
24 CITY-ST-ZIP	***61.25
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D Barbara Costikyan
43 STREET ADDRESS	50 Sutton Place South
44 CITY-ST-ZIP	New York, NY 10022
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D Mrs. Irwin D. Davidson
53 STREET ADDRESS	15 West 53rd Street
54 CITY-ST-ZIP	New York, NY 10019
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

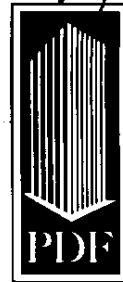
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Stanley Fahn* 2/28/96 (212) 923-4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: District Phone #

CR2E037 (12/95)

# PARKINSON'S DISEASE FOUNDATION

WILLIAM BLACK MEDICAL RESEARCH BUILDING, COLUMBIA-PRESBYTERIAN MEDICAL CENTER  
710 WEST 168TH STREET, NEW YORK, NEW YORK 10032



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Scientific Director  
Neurological Institute  
710 West 168th Street  
New York, NY 10032

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DIRECTORS

Barbara Costikyan  
50 Sutton Place South  
New York, NY 10022

Mrs. Irwin D. Davidson  
15 West 53rd Street  
New York, NY 10019

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1185 Park Avenue  
New York, NY 10128

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New York, NY 10121

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485 Park Avenue  
New York, NY 10022

Richard Zirinsky  
100 U.N. Plaza, #19A  
New York, NY 10017

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Officer:

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Executive Director, Assistant  
Secretary & Assistant  
Treasurer  
710 West 168th Street  
New York, NY 10032