

1997

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT '1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mgrtham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 AUG 6 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002163 (4)

1. Corporation Name

PARKINSON'S DISEASE FOUNDATION, INC.



Principal Place of Business

Mailing Address

710 WEST 168TH STREET  
NEW YORK NY 10032

710 WEST 168TH STREET  
NI BOX 206  
NEW YORK NY 10032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/10/1993

3a. Date of Last Report  
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Sulte, Apt. #, etc.

26 Sulte, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
13-1866796

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |  |  |
|----------------|--|--|
| 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 checked="" 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                        |  |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee 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 (changed, or on an attachment with an address).

SIGNATURE:

SIGNATURE: ISOBEL ROBINS

7/24/97 (12) 923-4700

CR2E037 (4/97)

# PARKINSON'S DISEASE FOUNDATION



WILLIAM BLACK MEDICAL RESEARCH BUILDING, COLUMBIA-PRESBYTERIAN MEDICAL CENTER  
710 WEST 180TH STREET, NEW YORK, NEW YORK 10032

## BOARD OF DIRECTORS

### OFFICERS

MRS. WILLIAM BLACK  
*Chairman of the Board*

LEWIS P. ROWLAND, M.D.  
*President*

EDWARD M. KALIKOW, ESQ.  
*Treasurer*

ISOBEL ROBINS KONECKY  
*Secretary*

STANLEY FAHN, M.D.  
*Scientific Director*

### DIRECTORS

BARRY J. ALPERIN  
BARBARA COSTIKYAN  
LAURETTE SOONG FENG  
CYNTHIA FLOOD  
STEPHEN B. FLOOD, ESQ.  
SARAH BELK GAMBRELL  
STEPHEN GOLDEN  
DOUGLAS L. OSTROVER  
EDWARD P. PAZICKY  
MARCIA MEEHAN SCHAEFFER  
EARL UBELL  
RICHARD ZIRINSKY

### HONORARY DIRECTORS

SENATOR and MRS. ALAN CRANSTON  
MR. JOEL B. LEFF  
MRS. WILLIAM LILLEY, 3rd  
MARSH S. MARSHALL  
LYNN REDGRAVE  
MRS. DAVID TISHMAN

### LEGAL ADVISOR

DANIEL GERSEN, ESQ.

### RESEARCH ADVISORY BOARD

OLEH HORNKIEWICZ, M.D.  
University of Vienna  
J. WILLIAM LANGSTON, M.D.  
The Parkinson's Institute  
C. DAVID MARSDEN, M.D.  
National Hospital, Queen Square,  
London  
G. FRED WOOTEN, M.D.  
University of Virginia  
ANNE B. YOUNG, M.D., Ph.D.  
Massachusetts General Hospital,  
Boston

### EXECUTIVE DIRECTOR

ROBIN ELLIOTT

### CLINICAL SPECIALIST

LOLA L. SPRINZELES, PhD, CRC, RN

### WEST COAST COORDINATOR

PATTI DARCEY  
University of California, Irvine  
366 MedSurge II  
Irvine, CA 92697  
(714) 824-3870

## BOARD OF DIRECTORS OFFICERS

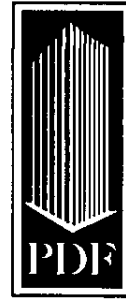
Edward M. Kalikow Esq.  
Treasurer  
Hewlett Associates  
95-25 Queens Boulevard  
Rego Park, NY 11374

Mrs. William Black  
Chairman of the Board  
Bon Repos  
Premium Point  
New Rochelle, NY 10801

Lewis P. Rowland, M.D.  
President  
Neurological Institute  
710 West 168th Street  
New York, NY 10032

Isobel Robins Konecky  
Secretary  
248 East 68th Street  
New York, NY 10021

Stanley Fahn, M.D.  
Scientific Director  
Neurological Institute  
710 West 168th Street  
New York, NY 10032



DIRECTORS

Barry J. Alperin  
875 Park Avenue, #12D  
New York, NY 10021

Barbara Costikyan (Edward)  
50 Sutton Place South  
New York, NY 10022

Laurette Soong Feng (Ivan)  
1185 Park Avenue  
New York, NY 10128

Cynthia & Stephen B. Flood  
4 High Way  
Chappaqua, NY 10514

Sarah Belk Gambrell  
Belk Group of Stores  
61 Fairview Road, Suite 640  
Charlotte, NC 28210

Stephen Golden (Brenda)  
47 East 88th Street  
New York, NY 10128

Douglas Ostrover  
10 Broad Road  
Greenwich, CT 06830-7004

Edward P. Pazicky  
Marsh & McLennan  
1166 Avenue of the Americas  
New York, NY 10036

Marcia Meehan Schaeffer  
485 Park Avenue  
New York, NY 10022

Mr. Earl Ubell  
114 West 27th Street, 8th Fl.  
New York, NY 10001

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

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Principal Salaried Executive  
Officer:

Dinah Tottenham Orr  
Executive Director, Asst. Sec.  
Asst. Treasurer  
710 West 168th Street  
New York, NY 10032