

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002163

FILED
Jul 10, 2008
Secretary of State

Entity Name: PARKINSON'S DISEASE FOUNDATION, INC.

Current Principal Place of Business:

1359 BROADWAY
SUITE 1509
NEW YORK, NY 10018 US

New Principal Place of Business:

Current Mailing Address:

1359 BROADWAY
SUITE 1509
NEW YORK, NY 10018 US

New Mailing Address:

FEI Number: 13-1866796 FEI Number Applied For () FEI Number Not Applicable () 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: BLACK, WILLIAM MRS.
Address: BON REPOS, PREMIUM POINT
City-St-Zip: NEW ROCHELLE, NY 10801

Title: P () Delete
Name: ROWLAND, LEWIS P M.D.
Address: NEUROLOGICAL INSTITUTE 710 W., 168TH ST.
City-St-Zip: NEW YORK, NY 10032

Title: S () Delete
Name: KONECKY, ISOBEL R
Address: 248 EAST 68TH STREET
City-St-Zip: NEW YORK, NY 10021

Title: T () Delete
Name: ACKERMAN, STEPHEN A
Address: 383 MADISON AVENUE, 25TH FLOOR
City-St-Zip: NEW YORK, NY 10179

Title: D () Delete
Name: FAHN, STANLEY M.D.
Address: 710 WEST 168TH STREET
City-St-Zip: NEW YORK, NY 10032

Title: ATAS () Delete
Name: ELLIOTT, ROBIN A
Address: 1359 BROADWAY, SUITE 1509
City-St-Zip: NEW YORK, NY 10018

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: () 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: ROBIN ELLIOTT

Electronic Signature of Signing Officer or Director

ATAS

07/10/2008

Date