

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002163

FILED
Jan 12, 2010
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 ()**

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
Name: BLACK, WILLIAM MRS.
Address: BON REPOS, PREMIUM POINT
City-St-Zip: NEW ROCHELLE, NY 10801

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

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

Title: T
Name: ACKERMAN, STEPHEN A
Address: 1211 6TH AVENUE, 34TH FLOOR
City-St-Zip: NEW YORK, NY 10036

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

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

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: ROBIN A. ELLIOTT

ED

01/12/2010

Electronic Signature of Signing Officer or Director

_____ Date