2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002163

FILED Feb 01, 2011 Secretary of State

Entity Name: PARKINSON'S DISEASE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1359 BROADWAY SUITE 1509

NEW YORK, NY 10018 US

Current Mailing Address: New Mailing Address:

1359 BROADWAY SUITE 1509

NEW YORK, NY 10018 US

FEI Number: 13-1866796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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: F

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:

 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 ELLIOTT ED 02/01/2011