

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90140 033 ****61.25

DOCUMENT # F93000002163

1. Entity Name

PARKINSON'S DISEASE FOUNDATION, INC.



Principal Place of Business

710 WEST 168TH STREET
NEW YORK NY 10032

Mailing Address

710 WEST 168TH STREET
NEW YORK NY 10032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-1866796

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	BLACK, WILLIAM MRS.	BON REPOS, PREMIUM POINT	NEW ROCHELLE NY 10801	<input type="checkbox"/>
P	ROWLAND, LEWIS P M.D.	NEUROLOGICAL INSTITUTE 710 W., 168TH ST.	NEW YORK NY 10032	<input type="checkbox"/>
S	KONECKY, ISOBEL R	248 EAST 68TH STREET	NEW YORK NY 10021	<input type="checkbox"/>
T	KALIKOW, EDWARD M	7001 BRUSH HOLLOW ROAD	WESTBURY NY 11590	<input type="checkbox"/>
D	FAHN, STANLEY M.D.	710 WEST 168TH STREET	NEW YORK NY 10032	<input type="checkbox"/>
ATAS	ELLIOTT, ROBIN A	710 WEST 168TH STREET	NEW YORK NY 10032	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE REQUIRED

[Handwritten Signature]

3/4/03

24-923-4711

CR2E037 (10/02)