## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Aug 08, 2002 8:00 am Secretary of State **DOCUMENT # N21249** 1. Entity Name CHADD, INC. (CHILDREN & ADULTS WITH ATTENTION-DE 08-08-2002 90090 028 \*\*\*\*61.25 FICIT/HYPERACTIVITY DISORDER) Principal Place of Business Mailing Address 8181 PROFESSIONAL PL 8181 PROFESSIONAL PL SUITE 201 SUITE 201 LANDOVER MD 20785 LANDOVER MD 20785 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State FEI Number City & State 59-2817697 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 City 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Star Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE NAME KAPLANEK, BETH NAME STREET ADDRESS STREET ADDRESS 32 FORT HILL DRIVE CITY-ST-ZIP CITY-ST-719 LLOYD HARBOR NY 11743 **Addition** Delete TITLE ilmore, Ka ROBERTSON, MARY NAME NAME 3777 Calle STREET ADDRESS 2445 BROOKSHIRE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEXINGTON KY 40515 Addition ☐ Delete TITLE NAME GREEN, EVELYN STREET ADDRESS 11453 SOUTH VINCENNES AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60643 Change ☐ Addition TITLE ☐ Delete COHEN, MATT NAME 225 W WEST WASHINGTON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL Change TITLE Delete TITLE łemphill. Kae Stewart, Paula NAME NAME STREET ADDRESS 2470 ANITA DR STREET ADDRESS **BROOKFIELD WI 53045** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Ross, E. Clarke CE<sub>0</sub> Delete TITLE RODSS, E. CLARKE NAME NAME 8181 PROFESSIONAL PL., STE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LANDOVER MD 20785 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR