



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90019 007 \*\*\*\*61.25

<b>DOCUMENT # N21249</b>					
<b>1. Entity Name</b> CHADD, INC. (CHILDREN & ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER)					
<b>Principal Place of Business</b> 8181 PROFESSIONAL PL. SUITE 201 LANDOVER, MD 20785 US		<b>Mailing Address</b> 8181 PROFESSIONAL PL. SUITE 201 LANDOVER, MD 20785 US		44010034  	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. STE. 150		Suite, Apt. #, etc. STE. 150		03022004 Chg-NP CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 59-2817697	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301		<b>7. Name and Address of New Registered Agent</b>			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLANEK, BETH 32 FORT HILL DRIVE LLOYD HARBOR, NY 11743	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILMORE, KAY 3277 CALLE LINDA VISTA NEWBURY PARK, CA 91320	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, EVELYN 11453 SOUTH VINCENNES AVE. CHICAGO, IL 60643	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZEIGLER-DENDY, CHRIS A PO BOX 189 CEDAR BLUFF, AL 35959	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PHYLLIS ANNE TEETER ELLISON 4200 HARTFORD AVE., UNIV. OF WISC. MILWAUKEE MILWAUKEE, WI 53201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEMPHILL, RAE 7695 GREEN GARLAND DRIVE SPRINGFIELD, VA 22153	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHRIS A. ZEIGLER DENDY 650 COUNTY RD., 650 CEDAR BLUFF, AL 35959	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CLARKE, ROSS E 8181 PROFESSIONAL PL., STE 201 LANDOVER, MD 20785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 empowered.</b>					
<b>SIGNATURE:</b> <i>E. Clarke Ross</i>		CEO		Date: <i>March 2, 2004</i> Daytime Phone #: <i>(301) 306-7070</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>E. Clarke Ross</i>					

Attachment

Doc #  
N 21249  
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CHADD National Board of Directors 2003-2004

**Mary Durheim**

**President**

**June 2006**

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Attachment

Date 12/24/09

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CHADD Board of Directors' Manual

Section 1.1, Organizational Information  
CHADD National Board of Directors, Page 3

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*Attachment* Doc.# N21249



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June 2005

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