

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N21249

Entity Name: CHADD, INC. (CHILDREN & ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER)

Current Principal Place of Business:

8181 PROFESSIONAL PL.
SUITE 150
LANDOVER, MD 20785 US

New Principal Place of Business:

Current Mailing Address:

8181 PROFESSIONAL PL.
SUITE 150
LANDOVER, MD 20785 US

New Mailing Address:

FEI Number: 59-2817697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: P () Delete
Name: TEETER ELLISON, PHYLLIS ANNE PH.D.
Address: 202 SUNRIDGE ROAD, APT D
City-St-Zip: AIKEN, SC 29803 US

Title: T () Delete
Name: MCDOWELL, CARTER
Address: 3528 SO. WAKEFIELD STREET
City-St-Zip: ARLINGTON, VA 22206 US

Title: S () Delete
Name: JOHNSON, BRENDA
Address: 7316 NIGHT HERON DRIVE
City-St-Zip: LAND O LAKES, FL 34637 US

Title: CEO () Delete
Name: ROSS, E CLARKE
Address: 8181 PROFESSIONAL PL., STE 150
City-St-Zip: LANDOVER, MD 20785 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAXSON, MARIE
Address: 620 W. UNION STREET
City-St-Zip: WEST CHESTER, PA 19382 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: PEER, STEVE
Address: 3427 SHEPHERD HILLS DRIVE
City-St-Zip: BLOOMINGTON, MN 55431

Title: DIR () Change (X) Addition
Name: DE JONGH, CECILE R
Address: P.O. BOX 8361
City-St-Zip: ST. THOMAS, VI 00801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: E. CLARKE ROSS

CEO

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date