

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


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90027 028 ****61.25

UBR0140

DOCUMENT # N21249

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



Principal Place of Business
**8181 PROFESSIONAL PL.
SUITE 201
LANDOVER MD 20785
US**

Mailing Address
**8181 PROFESSIONAL PL.
SUITE 201
LANDOVER MD 20785
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2817697**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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



CHECK HERE IF MAKING CHANGES

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLANEK, BETH 32 FORT HILL DRIVE LLOYD HARBOR NY 11743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRIS A ZEIGLER DENDY P.O. BOX 189 CEDAR BLUFF, AL 35959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILMORE, KAY 3277 CALLE LINDA VISTA NEWBURY PARK CA 91320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, EVELYN 11453 SOUTH VINCENNES AVE. CHICAGO IL 60643	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MATT 225 W WEST WASHINGTON CHICAGO IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEMPHILL, RAE 7695 GREEN GARLAND DRIVE SPRINGFIELD VA 22153	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CLARKE, ROSS E 8181 PROFESSIONAL PL., STE 201 LANDOVER MD 20785	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.

SIGNATURE: *Ross E Clarke* **CEO** 4-30-03 (301) 306-7070

CR2E037 (10/02)