

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90179 002 ****61.25

DOCUMENT # N46695

1. Entity Name

ANGELMAN SYNDROME FOUNDATION, INC.

Principal Place of Business

**414 PLAZA DR
 STE 209
 WESTMONT IL 60559**

Mailing Address

**414 PLAZA DR
 STE 209
 WESTMONT IL 60559**

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 **59-3092842**

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, CHARLES A.
 UNIV. OF FLORIDA, PEDIATRICS/GENETICS
 1600 S.W. ARCHER ROAD, ARG 236
 GAINESVILLE FL 32610-0296**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	KATZ, STEVE	
STREET ADDRESS	1002 STRATFORD AVENUE	
CITY-ST-ZIP	MELROSE PARK PA 19027	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, FRANK	
STREET ADDRESS	125 EAST RIDGE ROAD	
CITY-ST-ZIP	CHARLESTON WV 25314	
TITLE	V	<input type="checkbox"/> Delete
NAME	HYMAN, JULIE	
STREET ADDRESS	184 LEXINGTON AVE APT 8C	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARVEY, DAN	
STREET ADDRESS	6254 LAKEWOOD STREET	
CITY-ST-ZIP	SAN DIEGO CA 92122	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUANKE, NORMA	
STREET ADDRESS	3841 WINGTAIL	
CITY-ST-ZIP	PEARLAND TX 77584	
TITLE	MD	<input type="checkbox"/> Delete
NAME	KEEL, JUDITH	
STREET ADDRESS	414 PLAZA DRIVE, STE 209	
CITY-ST-ZIP	WESTMONT IL 60559	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juenke, Norma	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *SIGNATURE REQUIRED* **Judith Keel** 1-30-01 800-432-6435
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Section 10 continued

#N146695

D Addition
Lippman, Hal
505 East Columbia Street
Falls Church, VA 22046

D Addition
Nash, Bill
15431 Evergreen Knoll
Cypress, TX 77429

D Addition
Szyndlar, Tony
2885 Bardamer Drive
Fort Gratiot, MI 48059

D Addition
Wagstaff, Joseph
Univ. of Virginia School of Medicine
Dept. of Biochemistry/Molecular Genetics
Jordan Hall
Charlottesville, VA 22908

D Addition
Windbeck, Fred
15324 Durant Street
Silver Spring, MD 20905