

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90227 015 ****61.25

DOCUMENT # N46695

1. Entity Name

ANGELMAN SYNDROME FOUNDATION, INC.

Principal Place of Business

Mailing Address

414 PLAZA DR
 STE 209
 WESTMONT IL 60559

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

4. FEI Number

59-3092842

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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** Delete
 NAME **KATZ, STEVE**
 STREET ADDRESS **1002 STRATFORD AVENUE**
 CITY-ST-ZIP **MELROSE PARK PA 19027**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **MCCULLOUGH, FRANK**
 STREET ADDRESS **125 EAST RIDGE ROAD**
 CITY-ST-ZIP **CHARLESTON WV 25314**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **HYMAN, JULIE**
 STREET ADDRESS **184 LEXINGTON AVE APT 8C**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HARVEY, DAN**
 STREET ADDRESS **6254 LAKEWOOD STREET**
 CITY-ST-ZIP **SAN DIEGO CA 92122**

TITLE **V** Change Addition
 NAME **Jay Vogelsang**
 STREET ADDRESS **3650 Albany Avenue**
 CITY-ST-ZIP **Butte MT 59701**

TITLE **D** Delete
 NAME **JUANKE, NORMA**
 STREET ADDRESS **3841 WINGTAIL**
 CITY-ST-ZIP **PEARLAND TX 77584**

TITLE Change Addition
 NAME **JUENKE, NORMA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MD** Delete
 NAME **KEEL, JUDITH**
 STREET ADDRESS **414 PLAZA DRIVE, STE 209**
 CITY-ST-ZIP **WESTMONT IL 60559**

TITLE Change 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: *Judith K. Keel*

JUDITH K. KEEL

4/15/02

800-432-6435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
Document #
1846695
357384

S/T

Bill Nash
15518 Twisting Springs
Cypress TX 77429

D

Hal Lippman
505 E. Columbia Street
Falls Church VA 22046

D

Fred Pritzker
618 Fairmount Avenue
St. Paul MN 55105

D

Joseph Wagstaff MD PhD
University of Virginia School of Medicine
Dept Biochemistry/Molecular Gen
Box 800733 Jordan Hall
Charlottesville VA 22908

D

Fred Windbeck
15324 Durant Street
Silver Spring MD 20905