

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90004 041 ****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**

54067460



2. Principal Place of Business
3015 E. NEW YORK ST.

3. Mailing Address
3015 E. NEW YORK ST.

Suite, Apt. #, etc.
STE. A2265

Suite, Apt. #, etc.
STE. A2265

07132004 Chg-NP CR2E037 (10/03)

City & State
AURORA, IL

City & State
AURORA, IL

4. FEI Number
59-3092842

Applied For
Not Applicable

Zip
60504-5162

Country
USA

Zip
60504-5162

Country
USA

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. 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

**Filing Fee is \$61.25
Due by September 8, 2004**

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
**P
KATZ, STEVE
1002 STRATFORD AVENUE
MELROSE PARK, PA 19027** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MD
EILEEN BRAUN
3015 E. NEW YORK ST., STE. A2265
AURORA, IL 60504-5162** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HYMAN, JULIE
429 7TH AVE., APT. 1
BROOKLYN, NY 11215** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEVAR BURBAGE
1128 PIPESTEM PLACE
POTOMAC, MD 20854** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
VOGELSANG, JAY
3650 ALBANY AVENUE
BUTTE, MT 59701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DONNA BYRD
18 ACREAGE LANE
PICAYUNE, MS 39466** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAPHNE DAVIS
950 GALLATIN COURT
CINCINNATI, OH 45240** ☐ Change ☒ Addition

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: *Eileen Braun*

EILEEN BRAUN

8-4-04

630-978-4245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
1 Doc. # N46695 -
52067460

D
Jean Gould
327 Central Park West, Apt. 3B
New York, NY 10025

D
Kathy Leonard
22366 Columbus
Warren, MI 48089

D
Kim Marchman
1115 Robin Hill Court
Bel Air, MD 21015

D
Fred Pritzker
618 Fairmount Ave.
St. Paul, MN 55105

D
Cindy Spicka
5866 Charles Lane
Oak Forest, IL 60452

D
Joseph Wagstaff, MD, PhD
Univ. 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