

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N46695</b>	
1. Entity Name ANGELMAN SYNDROME FOUNDATION, INC.	



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 23 PM 4:18

400061663144  
11/23/05--01019--018 \*\*\$1.25



Principal Place of Business 3015 E. NEW YORK ST - STE A2265 AURORA, IL 60504	Mailing Address 3015 E. NEW YORK ST - STE A2265 AURORA, IL 60504
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10172005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3092842	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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 CHARLES A. WILLIAMS *Cham A. Williams* 10/19/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	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	PRES PRITZER, FRED 618 FAIRMONT ST, PAUL, MN 55105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKHURST, NANCY 1223 JACK DRIVE KERRVILLE, TX 78028 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BRAUN, EILEEN 3015 E. NEW YORK ST - STE A2265 AURORA, IL 60504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, CASPERT 110XFORD ROAD NORTH CALDWELL, NJ 07006 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREA BURBAGE, DEVAR 1128 PIPESTEM PLACE POTOMAC, MD 20854 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, BRENDA 7633 R.B. DICKERSON RD. MOSS POINT, MS. 39562 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGELSANG, JAY 3650 ALBANY AVENUE BUTTE, MT 59701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EHLING, SCOTT 2702 CRESTED BUTTE TRAIL PLAINFIELD, IL. 60544 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, DONNA 18 ACREAGE LANE PICAYUNE, MS 39466 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, JACKIE 1329 W 41st ST BALTIMORE, MD 21211 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCHMAN, KIM 1115 ROBIN HILL BEL AIR, MD. 21015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENGER, SHELIA 3015 E NEW YORK ST AURORA, IL. 60504 <input type="checkbox"/> Change <input type="checkbox"/> 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, Exec. Dir.* 10-19/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #