

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46695

FILED
Jan 03, 2006
Secretary of State

Entity Name: ANGELMAN SYNDROME FOUNDATION, INC.

Current Principal Place of Business:

3015 E. NEW YORK ST - STE A2265
AURORA, IL 60504

New Principal Place of Business:

Current Mailing Address:

3015 E. NEW YORK ST - STE A2265
AURORA, IL 60504

New Mailing Address:

FEI Number: 59-3092842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CHARLES A.
UNIV. OF FLORIDA, PEDIATRICS/GENETICS
1600 S.W. ARCHER ROAD, ARG 236
GAINESVILLE, FL 326100296 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRITZER, FRED
Address: 618 FAIRMONT
City-St-Zip: ST. PAUL, MN 55105

Title: MD () Delete
Name: BRAUN, EILEEN
Address: 3015 E. NEW YORK ST - STE A2265
City-St-Zip: AURORA, IL 60504

Title: ST () Delete
Name: BURBAGE, DEVAR
Address: 1128 PIPESTEM PLACE
City-St-Zip: POTOMAC, MD 20854

Title: D () Delete
Name: VOGELSANG, JAY
Address: 3650 ALBANY AVENUE
City-St-Zip: BUTTE, MT 59701

Title: D () Delete
Name: BYRD, DONNA
Address: 18 ACREAGE LANE
City-St-Zip: PICAYUNE, MS 39466

Title: VP () Delete
Name: MARCHMAN, KIM
Address: 1115 ROBIN HILL
City-St-Zip: BEL AIR, MD 21015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: BURBAGE, DEVAR
Address: 1128 PIPESTEM PLACE
City-St-Zip: POTOMAC, MD 20854

Title: VP (X) Change () Addition
Name: MARCHMAN, KIM
Address: 1115 ROBIN HILL
City-St-Zip: BEL AIR, MD 21015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VOGELSANG, JAY
Address: 3650 ALBANY AVENUE
City-St-Zip: BUTTE, MT 59701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN BRAUN

MD

01/03/2006

Electronic Signature of Signing Officer or Director

_____ Date