


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90203 030 ****70.00

DOCUMENT # N46695

1. Entity Name
ANGELMAN SYNDROME FOUNDATION, INC.



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

60000895

2. Principal Place of Business - No P.O. Box #
4255 Westbrook DR

3. Mailing Address
4255 Westbrook DR

Suite, Apt. #, etc.
Suite 216

Suite, Apt. #, etc.
Suite 216

City & State
Aurora Illinois

City & State
Aurora, Illinois

Zip
60504

Country
USA

Zip
60504

Country
USA



01102007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current 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

4. FEI Number
59-3092842

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2007**

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 P NAME PRITZER, FRED STREET ADDRESS 618 FAIRMONT CITY-ST-ZIP ST. PAUL, MN 55105	<input type="checkbox"/> Delete	TITLE D NAME Caspert, Mitchell STREET ADDRESS 11 Oxford Rd CITY-ST-ZIP North Caldwell, NJ 07006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MD NAME BRAUN, EILEEN STREET ADDRESS 3015 E. NEW YORK ST - STE A2265 CITY-ST-ZIP AURORA, IL 60504	<input type="checkbox"/> Delete	TITLE MD NAME Braun, Eileen STREET ADDRESS 4255 Westbrook DR, Ste 216 CITY-ST-ZIP Aurora, IL 60504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S/T NAME BURBAGE, DEVAR STREET ADDRESS 1128 PIPESTEM PLACE CITY-ST-ZIP POTOMAC, MD 20854	<input type="checkbox"/> Delete	TITLE D NAME Dixon, Brenda STREET ADDRESS 7633 R.B. Dickerson Rd CITY-ST-ZIP Moss Point, MS 39562	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME MARCHMAN, KIM STREET ADDRESS 1115 ROBIN HILL CITY-ST-ZIP BEL AIR, MD 21015	<input type="checkbox"/> Delete	TITLE D NAME Ehling, Scott STREET ADDRESS 2702 Crested Butte Trail CITY-ST-ZIP Plainfield, IL 60544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BYRD, DONNA STREET ADDRESS 18 ACREAGE LANE CITY-ST-ZIP PICAYUNE, MS 39466	<input checked="" type="checkbox"/> Delete	TITLE D NAME Lazerwitz, David STREET ADDRESS 103 Winfield St. CITY-ST-ZIP San Francisco, CA 94110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME VOGELANG, JAY STREET ADDRESS 3650 ALBANY AVENUE CITY-ST-ZIP BUTTE, MT 59701	<input checked="" type="checkbox"/> Delete	TITLE D NAME Parkhurst, Nancy STREET ADDRESS 1223 JACK DRIVE CITY-ST-ZIP Kerrville, TX 78028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Esq. 1-11-07 630-978-4245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60000895
46695

OFFICERS AND DIRECTORS - continued

TITLE	D
NAME	Spicka, Cindy
STREET ADDRESS	5866 Charles Lane
CITY-ST-ZIP	Oak Forest, IL 60452

TITLE	D
NAME	Schiller, Robert
STREET ADDRESS	13386 International Parkway
CITY-ST-ZIP	Jacksonville, FL 32218

TITLE	D
NAME	Parkhurst, Nancy
STREET ADDRESS	1223 Jack Drive
CITY-ST-ZIP	Kerrville, TX 78028

TITLE	D
NAME	Wagstaff, Joseph MD PhD
STREET ADDRESS	Clinical Genetics Program Carolinas Medical Center 1100 Blythe Blvd
CITY-ST-ZIP	Charlotte, NC 28203

TITLE	D
NAME	Ravellette, Susan
STREET ADDRESS	3436 Carleton St.
CITY-ST-ZIP	San Diego, CA 92106