

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46695

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** ANGELMAN SYNDROME FOUNDATION, INC.

**Current Principal Place of Business:**

4255 WESTBROOK DRIVE  
SUITE 219  
AURORA, IL 60504 US

**New Principal Place of Business:**

**Current Mailing Address:**

4255 WESTBROOK DRIVE  
SUITE 219  
AURORA, IL 60504 US

**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:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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  
Name: MCCARTY, TIMOTHY  
Address: 219 E. EIGHTH STREET  
City-St-Zip: HINSDALE, IL 60521

Title: ED  
Name: BRAUN, EILEEN  
Address: 4255 WESTBROOK DR., STE 219  
City-St-Zip: AURORA, IL 60504

Title: T  
Name: SUGDEN, JOHN  
Address: 200 RECTOR PLACE, APT. 11E  
City-St-Zip: NEW YORK, NY 10280

Title: VP  
Name: RAVELLETTE, SUSAN  
Address: 3436 CARLETON STREET  
City-St-Zip: SAN DIEGO, CA 92106

Title: S  
Name: CASPERT, MITCHELL  
Address: 11 OXFORD ROAD  
City-St-Zip: CALDWELL, NJ 07006

Title: D  
Name: WILLIAMS, CHARLES MD  
Address: UNIVERSITY OF FLORIDA, P.O. BOX 100296  
City-St-Zip: GAINSVILLE, FL 32610

I hereby 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 all other like empowered.

SIGNATURE: EILEEN BRAUN

ED

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date