

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46695

FILED
Apr 25, 2012
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: MCCLLOUGH, FRANK
Address: 125 EASTRIDGE RD
City-St-Zip: CHARLESTON, WV 25314

Title: VP
Name: DOHRMANN, GREG
Address: 3809 RIVERBOAT DR.
City-St-Zip: STOCKTON, CA 95219

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

04/25/2012

Electronic Signature of Signing Officer or Director

Date