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FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002736 (7)

1. Corporation Name

ATAXIA TELANGIECTASIA CHILDREN'S PROJECT, INC.



Principal Place of Business

Mailing Address

396 W. CAMINO GARDENS BLVD.
SUITE 104
BOCA RATON FL 33432
US396 W. CAMINO GARDENS BLVD.
SUITE 104
BOCA RATON FL 33432-5827
US3. Date Incorporated or Qualified
06/15/19933a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0427215

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMIDT, PETER H
400 S. DIXIE HIGHWAY
SUITE 420
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MARGUS, BRADLEY A
STREET ADDRESS 21645 CARTAGENA DRIVE
CITY-ST-ZIP BOCA RATON FL 334281.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME HIEBNER, JEFFREY D
STREET ADDRESS 8 ACACIA DRIVE
CITY-ST-ZIP MIDDLETOWN RI 028402.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MARGUS, ALBERT F JR
STREET ADDRESS 621 SOUTHWEST MAYPOP COURT
CITY-ST-ZIP BOCA RATON FL 334323.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MIDDLEBROOK, ROB
STREET ADDRESS 2101 RAIN TREE DR
CITY-ST-ZIP IRVING TX4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME COTTINGHAM, BEVERLEY H.
STREET ADDRESS ANGEL COTTAGE, COLSON BASSETT
CITY-ST-ZIP NOTTINGHAM UK5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME JEHLIK, GREG
STREET ADDRESS 3616 W TURNBERRY DR
CITY-ST-ZIP MEQUON WI6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-97

Date

Daytime Phone # 0038889

CP2E037 (9/96)