

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001627

FILED
Apr 23, 2009
Secretary of State

Entity Name: CREUTZFELDT-JAKOB DISEASE FOUNDATION, INC.

Current Principal Place of Business:

286 N. CLEVELAND-MASSILLON RD.
AKRON, OH 44333 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5312
AKRON, OH 44313 US

New Mailing Address:

FEI Number: 65-0404623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BDB AGENT CO.
5355 TOWN CENTER ROAD
STE 900
BOCA RATON, FL 33486 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: VC () Delete
Name: GEORGE, NICK
Address: PO BOX 5312
City-St-Zip: AKRON, OH 44313

Title: S () Delete
Name: SYBIL, WILLEN
Address: PO BOX 5312
City-St-Zip: AKRON, OH 44313

Title: T () Delete
Name: GEORGE, RUTHIE
Address: PO BOX 5312
City-St-Zip: AKRON, OH 44313

Title: D () Delete
Name: GAMBETTI, PIERLUIGI DR
Address: PO BOX 5312
City-St-Zip: AKRON, OH 44313

Title: D () Delete
Name: KRANITZ, FLORENCE
Address: PO BOX 5312
City-St-Zip: AKRON, OH 44313

Title: COB () Delete
Name: GOLDFARB, MARK
Address: 301 SPRINGDALE DR
City-St-Zip: AKRON, OH 44333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RUTHIE GEORGE

TREA

04/23/2009

Electronic Signature of Signing Officer or Director

Date