

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N46695

Entity Name: ANGELMAN SYNDROME FOUNDATION, INC.

Current Principal Place of Business:

75 EXECUTIVE DRIVE
SUITE 327
AURORA, IL 60504

Current Mailing Address:

75 EXECUTIVE DRIVE
SUITE 327
AURORA, IL 60504 US

FEI Number: 59-3092842

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name BRAUN, EILEEN
Address 75 EXECUTIVE DRIVE
SUITE 327
City-State-Zip: AURORA IL 60504

Title TREASURER
Name ROKITA, KATHY
Address 10849 FOREST LAKE CT
City-State-Zip: INDIANAPOLIS IN 46278

Title VP
Name BOUSUM, TIMOTHY
Address 43 WASHINGTON ST
City-State-Zip: IPSWICH MA 01938

Title PRESIDENT
Name GRILL, JUSTIN DR.
Address 331 S. LAKE AVE
City-State-Zip: SPRING LAKE MI 49456

Title DIRECTOR
Name DAN, HARVEY DR.
Address 6254 LAKEWOOD STREET
City-State-Zip: SAN DIEGO CA 92122

Title DIRECTOR
Name PRUITT, SHANNON
Address 3215 BARBYDELL DRIVE
City-State-Zip: LOS ANGELES CA 90064

Title DIRECTOR
Name CHAMBERLAIN, STORMY
Address R1159 CB 6403 400 FAMRNINGTON
AVE
City-State-Zip: FARMINGTON CT 06030

Title SECRETARY
Name CECERE , MICHAEL
Address 31 GILFEATHER LN
City-State-Zip: KINGSTON ME 02364

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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

EXECUTIVE DIRECTOR

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BLANDING, ANNA
Address 274 DAVIS ST
City-State-Zip: HAMDEN CT 06517

Title DIRECTOR
Name JALAZO, ELIZABETH DR.
Address 11801 MAGRUDER LN
City-State-Zip: ROCKVILLE MD 20852

Title DIRECTOR
Name MOORE, AMANDA
Address 12995 STAR DR
City-State-Zip: FISHERS IN 46037

Title DIRECTOR
Name WRIGHT, ERIC
Address 1226 SUMMIT AVE
City-State-Zip: LOUISVILLE KY 40204

Title DIRECTOR
Name HAMBERG, ERIC
Address 6640 CHESSIE DR
City-State-Zip: WEST CHESTER OH 45069

Title DIRECTOR
Name KUBICZA, JIM
Address 1191 LONG HILL RD
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name ROONEY, KYLE
Address 13881 OAKLAND PL
City-State-Zip: MINNETONKA MN 55305