

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46695

Entity Name: ANGELMAN SYNDROME FOUNDATION, INC.

FILED
Feb 22, 2015
Secretary of State
CC5837364805

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: Yes

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 P
Name DOHRMANN, GREGORY
Address 6301 ST. ANDREWS DRIVE
City-State-Zip: STOCKTON CA 95219

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

Title TREASURER
Name ROKITA, KATHY
Address 8823 WOODACRE LANE
City-State-Zip: INDIANAPOLIS IN 46234

Title DIRECTOR
Name MCCARTY, TIMOTHY
Address 219 E. EIGHTH ST
City-State-Zip: HINSDALE IL 60522

Title SECRETARY
Name MCCULLOUGH, FRANK
Address 1 BURKEWOOD PLACE
City-State-Zip: CHARLESTON WV 25314

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

Title DIRECTOR
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

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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

02/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KATZ, STEVE DR.
Address 1002 STRATFORD AVENUE
City-State-Zip: MELROSE PARK PA 60521

Title DIRECTOR
Name SCHILLER, ROBERT
Address 3940 ALHAMBRA DRIVE W
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name WILLIAMS, CHARLES DR.
Address DIVISION OF GENETICS, DEPT OF PEDIATRICS
1600 SW ARCHER ROAD M-351
City-State-Zip: GAINESVILLE FL 32610

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

Title DIRECTOR
Name WAGSTAFF, MARY
Address 6725 SUNSET BLVD
City-State-Zip: LOS ANGELES CA 90028

Title DIRECTOR
Name DALTON, JIM
Address 540 RUTILE DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082