

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46695

**Entity Name:** ANGELMAN SYNDROME FOUNDATION, INC.

**Current Principal Place of Business:**

4255 WESTBROOK DRIVE  
SUITE 219  
AURORA, IL 60504

**FILED**  
**Mar 14, 2013**  
**Secretary of State**  
**CC4571777338**

**Current Mailing Address:**

4255 WESTBROOK DRIVE  
SUITE 219  
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 P  
Name MCCARTY, TIMOTHY  
Address 219 E. EIGHTH STREET  
City-State-Zip: HINSDALE IL 60521

Title ED  
Name BRAUN, EILEEN  
Address 4255 WESTBROOK DR., STE 219  
City-State-Zip: AURORA IL 60504

Title T  
Name MCCLLOUGH, FRANK  
Address 125 EASTRIDGE RD  
City-State-Zip: CHARLESTON WV 25314

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

Title S  
Name CASPERT, MITCHELL  
Address 11 OXFORD ROAD  
City-State-Zip: CALDWELL NJ 07006

Title D  
Name WILLIAMS, CHARLES MD  
Address UNIVERSITY OF FLORIDA, P.O. BOX  
100296  
City-State-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**

**EXECUTIVE DIRECTOR**

**03/14/2013**

Electronic Signature of Signing Officer/Director Detail

Date