

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46695

**FILED**  
**Feb 13, 2019**  
**Secretary of State**  
**1461827273CC**

**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            PRESIDENT  
Name            GRILL, JUSTIN  
Address        331 S LAKE AVE  
City-State-Zip: SPRING LAKE MI 49564

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

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

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

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

Title            DIRECTOR  
Name            CHAMBERLAIN, STORMY  
Address        R1159 CB6403 400 FARMINGTON AVE  
City-State-Zip: FARMINGTON CT 03060-6403

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

Title            DIRECTOR  
Name            HARVEY, DAN  
Address        6254 LAKEWOOD ST  
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**

**02/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

Title EXECUTIVE  
Name BRAUN, EILEEN  
Address 75 EXECUTIVE DR  
City-State-Zip: AURORA IL 60505