

2017 FLORIDA NOT FOR PROFIT CORPORATION 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:**INCRP 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 DOHRMANN, GREGORY
Address 6301 ST. ANDREWS DRIVE
City-State-Zip: STOCKTON CA 95219

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

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

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

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

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

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

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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

01/17/2017

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	WAGSTAFF, MARY	Name	SUKIN, STEVE
Address	6725 SUNSET BLVD	Address	15 TEALBRIAR CIR
City-State-Zip:	LOS ANGELES CA 90028	City-State-Zip:	THE WOODLANDS TX 77381
Title	DIRECTOR	Title	DIRECTOR
Name	CHAMBERLAIN, STORMY	Name	CECERE , MICHAEL
Address	R1159 CB 6403 400 FAMRNINGTON AVE	Address	31 GILFEATHER LN
City-State-Zip:	FARMINGTON CT 06030	City-State-Zip:	KINGSTON ME 02364