

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837474

Entity Name: AUTISM SOCIETY OF AMERICA, INC.**Current Principal Place of Business:**4340 EAST WEST HIGHWAY - STE. 350
BETHESDA, MD 20814**Current Mailing Address:**4340 EAST WEST HIGHWAY - STE. 350
BETHESDA, MD 20814 US**FEI Number:** 52-1020149**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHARCHEE, 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	DIR
Name	BASINGER, JONATHAN
Address	4340 EAST-WEST HIGHWAY, SUITE 350
City-State-Zip:	BETHESDA MD 20814

Title	PRES
Name	BADESCH, SCOTT
Address	4340 EAST-WEST HIGHWAY, SUITE 350
City-State-Zip:	BETHESDA MD 20814

Title	DIR
Name	BALL, JAMES
Address	4340 EAST-WEST HIGHWAY, SUITE 350
City-State-Zip:	BETHESDA MD 20814

Title	TREASURER
Name	STALEY, TRACEY
Address	4340 EAST WEST HIGHWAY - STE. 350
City-State-Zip:	BETHESDA MD 20814

Title	SECRETARY
Name	MARIACA, SERGIO
Address	4340 EAST WEST HIGHWAY - STE. 350
City-State-Zip:	BETHESDA MD 20814

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: SCOTT BADESCH**PRESIDENT****01/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date