

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837474

Entity Name: AUTISM SOCIETY OF AMERICA, INC.**Current Principal Place of Business:**6110 EXECUTIVE BLVD.
SUITE 305
ROCKVILLE, MD 20852**Current Mailing Address:**1959 PALOMAR OAKS WAY
SUITE 300
CARLSBAD, CA 92011 US**FEI Number:** 52-1020149**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp 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	IRELAND, LORI A.
Address	6110 EXECUTIVE BLVD. SUITE 305
City-State-Zip:	ROCKVILLE MD 20852

Title	PRES
Name	BANKS, CHRISTOPHER S.
Address	6110 EXECUTIVE BLVD. SUITE 305
City-State-Zip:	ROCKVILLE MD 20852

Title	DIR
Name	JOYCE, JOSEPH P.
Address	6110 EXECUTIVE BLVD. SUITE 305
City-State-Zip:	ROCKVILLE MD 20852

Title	TREASURER
Name	MILLER, HOWARD
Address	6110 EXECUTIVE BLVD. SUITE 305
City-State-Zip:	ROCKVILLE MD 20852

Title	SECRETARY
Name	PERNER, LARS
Address	6110 EXECUTIVE BLVD. SUITE 305
City-State-Zip:	ROCKVILLE MD 20852

Title	CFO
Name	DABROWSKI, JOHN J.
Address	6110 EXECUTIVE BLVD. SUITE 305
City-State-Zip:	ROCKVILLE MD 20852

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: JOHN J. DABROWSKI

CFO

03/23/2021

Electronic Signature of Signing Officer/Director Detail

Date