

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

DOCUMENT# 837474

**FILED**  
**Jan 28, 2019**  
**Secretary of State**  
**1356191753CC**

**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:**

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 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 PERNER, LARS  
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**

**01/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date