

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006102

Entity Name: AUTISM SPEAKS INC.

Current Principal Place of Business:

1 EAST 33RD STREET
4TH FLOOR
NEW YORK, NY 10016

Current Mailing Address:

1 EAST 33RD STREET
4TH FLOOR
NEW YORK, NY 10016

FEI Number: 20-2329938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD., #221E
PALM BEACH GARDENS, FL 33410 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 CEO/ PRESIDENT
Name GEIGER, ANGELA
Address 1 EAST 33RD STREET, 4TH FLOOR
City-State-Zip: NEW YORK NY 10016

Title COO
Name THOMAS, GARETH
Address 1 EAST 33RD STREET, 4TH FLOOR,
City-State-Zip: NEW YORK. NY 10016

Title CFO (SEC/TREAS)
Name ROBINSON, KAREN
Address 1 EAST 33RD STREET, 4TH FLOOR,
City-State-Zip: NEW YORK. NY 10016

Title CO-FOUNDER
Name WRIGHT, ROBERT (BOB)
Address 610 5TH AVENUE, SUITE 605
City-State-Zip: NEW YORK NY 10020

Title CO-FOUNDER
Name WRIGHT, SUZANNE
Address 1 EAST 33RD STREET, 4TH FLOOR,
City-State-Zip: NEW YORK. NY 10016

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: ROBINSON , KAREN

SECRETARY

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date