## **2013 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 US

FEI Number: 20-2329938 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD. 155 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 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

FILED May 01, 2013

**Secretary of State** 

CC6764281469

Date

Officer/Director Detail:

Title PRESIDENT Title EXECUTIVE VICE PRESIDENT,

Name FELD, ELIZABETH N. PROGRAMS AND SERVICES

Name BELL, PETER

Address 1 EAST 33RD STREET, 4TH FLOOR
Address 1060 STATE ROAD, 2ND FLOOR

City-State-Zip: NEW YORK NY 10016

City-State-Zip: PRINCETON NJ 08540

Title CHIEF SCIENCE OFFICER

Name DAWSON, GERI

Name WRIGHT, SUZANNE
Address UNIVERSITY OF NORTH CAROLINA.

NEURODEVELOPMENTAL DISORDER Address 2 PARK AVENUE, 11TH FLOOR

RESEARCH CENTER City-State-Zip: NEW YORK NY 10016 130 MASON FARM RD.; ROOM 4122

City-State-Zip: CHAPEL HILL NC 27599

Electronic Signature of Signing Officer/Director Detail

Title CO-FOUNDER
Name WRIGHT, BOB

Address 610 5TH AVE, STE 605 City-State-Zip: NEW YORK NY 10020

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: ELIZABETH N. FELD PRESIDENT 05/01/2013