## 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

## Officer/Director Detail :

| Title | PRESIDENT | Title | EXECUTIVE VICE PRESIDENT, |
| :--- | :--- | :--- | :--- |
| Name | FELD, ELIZABETH N. |  | PROGRAMS AND SERVICES |
| Address | 1 EAST 33RD STREET, 4TH FLOOR | Name | BELL, PETER |
| City-State-Zip: | NEW YORK NY 10016 | Address | 1060 STATE ROAD, 2ND FLOOR |
| Title | CHIEF SCIENCE OFFICER | City-State-Zip: | PRINCETON NJ 08540 |
| Name | DAWSON, GERI | Title | CO-FOUNDER |
| Address | UNIVERSITY OF NORTH CAROLINA, | Name | WRIGHT, SUZANNE |
|  | NEURODEVELOPMENTAL DISORDER | Address | 2 PARK AVENUE, 11TH FLOOR |
| RESEARCH CENTER | City-State-Zip: | NEW YORK NY 10016 |  |
| City-State-Zip: | CHAPEL HILL NC 27599 |  |  |
| Title | CO-FOUNDER |  |  |
| Name | WRIGHT, BOB |  |  |
| Address | 610 5TH AVE, STE 605 |  |  |

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[^0]:    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.

