

**2014 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**Officer/Director Detail :**

Title	PRESIDENT
Name	FELD, ELIZABETH N.
Address	1 EAST 33RD STREET, 4TH FLOOR
City-State-Zip:	NEW YORK NY 10016

Title	CFO
Name	NEWMAN, SCOTT
Address	1 EAST 33RD STREET, 4TH FLOOR,
City-State-Zip:	NEW YORK. NY 10016

Title	CHIEF SCIENCE OFFICER
Name	RING, ROBERT
Address	1060 STATE ROAD, 2ND FLOOR
City-State-Zip:	PRINCETON NJ 08540

Title	CO-FOUNDER
Name	WRIGHT, SUZANNE
Address	2 PARK AVENUE, 11TH FLOOR
City-State-Zip:	NEW YORK NY 10016

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:** SCOTT NEWMAN

CFO

04/30/2014

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