

**2019 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            PRESIDENT  
Name            GEIGER, ANGELA  
Address        1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

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

Title            CHAIRMAN, DIRECTOR  
Name            KELLY , BRIAN  
Address        1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title            VC, DIRECTOR  
Name            JONES , ADRIAN  
Address        1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title            T, S, D  
Name            ARLEDGE , CURTIS  
Address        1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title            STRATEGIC INITIATIVE &  
                 INNOVATIONS OFFICER  
Name            GORING , LISA  
Address        1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title            DIRECTOR  
Name            BERNARD , TOM  
Address        1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title            DIRECTOR  
Name            COYLE, M.D. , JOSEPH T.  
Address        1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

**Continues on page 2**

*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:** ARLEDGE , CURTISPAOLO PERALTA,  
ATTORNEY-IN-FACT

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DO , CUONG  
Address 1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR  
Name HARPER , BRIAN L.  
Address 1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR  
Name HILFIGER, TOMMY  
Address 1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR  
Name JONES, TIM  
Address 1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR  
Name MURRAY, KEVIN  
Address 1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

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

Title D  
Name KEHOE, AIDAN  
Address 1 EAST 33RD STREET  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title D  
Name ORSER, HENSON  
Address 1 EAST 33RD STREET  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR  
Name FEIRSTEIN , BARRY R.  
Address 1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR  
Name HIGGINS, MATTHEW  
Address 1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR  
Name HILFIGER, DEE  
Address 1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR  
Name MANN , BILLY  
Address 1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR  
Name PARDES, M.D., HERBERT  
Address 1 EAST 33RD STREET, 4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title D  
Name CASERTA, JENNIFER  
Address 1 EAST 33RD STREET  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title D  
Name NANCE, JACQUELYN  
Address 1 EAST 33RD STREET  
4TH FLOOR  
City-State-Zip: NEW YORK NY 10016