

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004337

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC7115109119**

**Entity Name:** AMERICAN SYRINGOMYELIA ALLIANCE PROJECT, INC.

**Current Principal Place of Business:**

300 N. GREEN ST., SUITE 412  
LONGVIEW, TX 75601

**Current Mailing Address:**

P. O. BOX 1586  
LONGVIEW, TX 75606-1586

**FEI Number:** 75-2245195

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PATTERSON, SARA  
2101 PAOLI DR NE  
PALM BAY, FL 32907 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            PRES  
Name            SCHAUBLIN, PATRICE  
Address        700 ADMIRAL LANE  
City-State-Zip: DURHAM NC 27705

Title            SECY  
Name            MCFARLAND, KAREN  
Address        12408 GAYTON STATION BLVD.  
City-State-Zip: RICHMOND VA 23233

Title            TREA  
Name            HAGELGANS, WILLIAM  
Address        121 APEL AVE.  
City-State-Zip: ORELAND PA 19075

Title            DIR  
Name            JOHN, HEISS MD  
Address        BLDG 10 RM 5037 10 CENTER DR  
                 MSC-1414  
City-State-Zip: BETHESDA MD 20892

Title            DIRECTOR  
Name            CAEMMERER, JOHN  
Address        17 HARVARD ST.  
City-State-Zip: WILLISTON PARK NY 11596

Title            DIRECTOR  
Name            BANICK, BARBARA  
Address        11111 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33181

Title            RESEARCH CHAIR  
Name            KEATING, ROBERT MD  
Address        CHILDREN'T MEDICAL CENTER  
                 111 MICHIGAN AVE, NW  
City-State-Zip: WASHINGTON DC 20310

Title            DIRECTOR  
Name            VEZNEDAROGLU, EROL  
Address        1401 WHITEHORSE-MERCERVILLE  
City-State-Zip: HAMILTON NJ 08619

**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: WILLIAM HAGELGANS**

**TREASURER**

**04/25/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            CHU, KERRY  
Address        12500 BARKER CYPRESS RD  
                  #22202  
City-State-Zip: CYPRESS TX 77429

Title            DIRECTOR  
Name            CHAPMAN, ANNIE  
Address        4167 GALLOWAY DR  
City-State-Zip: PEARLAND TX 77584