

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004337

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
2374 BOTANICA CIRCLE
WEST MELBOURNE, FL 32904 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 DIRECTOR
Name HAGELGANS, WILLIAM
Address 121 APEL AVE.
City-State-Zip: ORELAND PA 19075

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

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

Title DIRECTOR
Name TUTROW, LORI
Address 1121 E. MILL RUN RD.
City-State-Zip: GREENFIELD IN 46140

Title DIRECTOR
Name BERNING, ERIC
Address 21914 FIELD GREEN DR
City-State-Zip: CYPRESS TX 77433

Title DIRECTOR
Name GRANT, GERALD MD
Address STANFORD SCHOOL OF MEDICINE
 300 PASTURE DR., RM R211, MC5327
City-State-Zip: STANFORD CA 94305

Title DIRECTOR
Name MATHEWSON, DEE
Address 3140 BELLESTONE COURT
City-State-Zip: MARIETTA GA 30066

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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: PATRICE SCHAUPLIN

PRESIDENT

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SIMON, RICHARD
Address 8821 DUVEEN DR
City-State-Zip: WYNDMOOR PA 19038

Title DIRECTOR
Name STETSON, NATE MD
Address 4120 W. MEMORIAL RD. STE. 300
City-State-Zip: OKLAHOMA CITY OK 73120

Title SECRETARY
Name TUFTS, CATHY
Address 17519 HANKAR WAY
City-State-Zip: RICHMOND TX 77407