

**2014 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           SECY  
Name           CHU, KERRY  
Address       12500 BARKER CYPRESS RD.  
                  22202  
City-State-Zip: CYPRESS TX 77429

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           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

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

**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:** PATRICE SCHAUBLIN

**PRES**

**04/07/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           TOBIAS, RENEE  
Address        20 CANDY RD  
City-State-Zip: MOHNTON PA 15940

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