

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004337

**FILED**  
**Apr 21, 2018**  
**Secretary of State**  
**CC7163400676**

**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 PAST PRES  
Name SCHAUBLIN, PATRICE  
Address 700 ADMIRAL LANE  
City-State-Zip: DURHAM NC 27705

Title MEDICAL ADVISORY BOARD 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 PRESIDENT  
Name BERNING, ERIC  
Address 21914 FIELD GREEN DR  
City-State-Zip: CYPRESS TX 77433

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

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

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

Title DIRECTOR  
Name MAHER, BRIDGET BORYS  
Address 5794 C HEDGE ROW  
City-State-Zip: FARMINGTON NY 14425

**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: ANNIE CHAPMAN**

**TREASURER**

**04/21/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BOLOGNESE, PAOLO MD  
Address CHIARI NEUROSURGICAL CENTER  
1991 MARCUS AVE. 108  
City-State-Zip: NEW HYDE PARK NY 11042

Title DIRECTOR  
Name IAN, HEGER MD  
Address AUGUSTA UNIVERSITY  
1120 15 TH ST  
City-State-Zip: AUGUSTA GA 30912

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

Title DIRECTOR  
Name MOLLY, LICHTENSTEIN  
Address 13324 WYE OAK DR  
City-State-Zip: GAITHERSBURG MD 20878