

2019 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:

ADAIR, JENI
719 VIA MILANO
APOPKA, FL 32712 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: JENI ADAIR

04/19/2019

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

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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: ANNIE CHAPMAN

TREASURER

04/19/2019

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