

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002163

FILED
Jan 12, 2015
Secretary of State
CC3093328541

Entity Name: PARKINSON'S DISEASE FOUNDATION, INC.

Current Principal Place of Business:

1359 BROADWAY
SUITE 1509
NEW YORK, NY 10018

Current Mailing Address:

1359 BROADWAY
SUITE 1509
NEW YORK, NY 10018 US

FEI Number: 13-1866796

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 P
Name ELLIOTT, ROBIN
Address 1359 BROADWAY
SUITE 1509
City-State-Zip: NEW YORK NY 10018

Title S
Name KONECKY, ISOBEL R
Address 248 EAST 68TH STREET
City-State-Zip: NEW YORK NY 10021

Title T
Name ACKERMAN, STEPHEN A
Address 1211 6TH AVENUE, 34TH FLOOR
City-State-Zip: NEW YORK NY 10036

Title D
Name FAHN, STANLEY M.D.
Address 710 WEST 168TH STREET
City-State-Zip: NEW YORK NY 10032

Title ATAS
Name ELLIOTT, ROBIN A
Address 1359 BROADWAY, SUITE 1509
City-State-Zip: NEW YORK NY 10018

Title CHAIRMAN
Name MORGAN, HOWARD D
Address CASTLE HARLAN, INC.
150 EAST 58TH STREET, 37TH FLOOR
City-State-Zip: NEW YORK NY 10055

Title VC
Name ATWELL, CONSTANCE W
Address 845 DONALD ROSS DRIVE
City-State-Zip: PINEHURST NC 28374

Title DIRECTOR
Name BURKE, KAREN E
Address 429 EAST 52ND STREET
City-State-Zip: NEW YORK NY 10022

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: ROBIN ELLIOTT

PRESIDENT

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROWLAND, LEWIS P
Address 710 WEST 168TH STREET
3RD FLOOR
City-State-Zip: NEW YORK NY 10032

Title DIRECTOR
Name DORN, PETER J
Address 17 FELS MANOR ROAD
City-State-Zip: CALDWELL NJ 07006

Title DIRECTOR
Name EGBERT, GEORGE P III
Address 1520 YORK AVENUE
27A
City-State-Zip: NEW YORK NY 10028

Title DIRECTOR
Name PITTEL, STEPHANIE
Address 331 WESTWIND COURT
City-State-Zip: NORWOOD NJ 07648

Title DIRECTOR
Name LOEB, MARSHALL
Address 41 EAST 72ND STREET
City-State-Zip: NEW YORK NY 10021

Title DIRECTOR
Name MORGAN, LINDA M
Address 21 RIDGEFIELD PLACE
City-State-Zip: ASHEVILLE NC 28803

Title DIRECTOR
Name LEVINE, ARLENE
Address 6 COLVIN ROAD
City-State-Zip: SCARSDALE NY 10583

Title DIRECTOR
Name FIELD, RICHARD D
Address 49 LOCUST AVENUE
SUITE 104
City-State-Zip: NEW CANAAN CT 06840

Title DIRECTOR
Name PEDLEY, TIMOTHY
Address 710 WEST 168TH STREET
14TH FLOOR
City-State-Zip: NEW YORK NY 10032

Title DIRECTOR
Name ROMERO, GREGORY H
Address 522 FIFTH AVENUE
12TH FLOOR
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name STANTON, DOMNA
Address 112 EAST 74TH STREET
City-State-Zip: NEW YORK NY 10021

Title DIRECTOR
Name SCHWARTZ, MARIE D
Address 7 DEMPSEY LANE
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR
Name TAUB, MELVIN S
Address 710 ROUTE 46 EAST
City-State-Zip: FAIRFIELD NJ 07004