2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002163

Entity Name: PARKINSON'S DISEASE FOUNDATION, INC.

FILED Jan 22, 2014 **Secretary of State** CC0423602043

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 Р Title S

ELLIOTT, ROBIN KONECKY, ISOBEL R Name Name Address 1359 BROADWAY Address 248 EAST 68TH STREET **SUITE 1509**

NEW YORK NY 10021 City-State-Zip: NEW YORK NY 10018 City-State-Zip:

Title D Title

Name FAHN, STANLEY M.D. ACKERMAN, STEPHEN A Name 710 WEST 168TH STREET Address 1211 6TH AVENUE, 34TH FLOOR Address

City-State-Zip: NEW YORK NY 10032 NEW YORK NY 10036 City-State-Zip:

CHAIRMAN Title

Name MORGAN, HOWARD D ELLIOTT, ROBIN A Name

Address CASTLE HARLAN, INC. Address

1359 BROADWAY, SUITE 1509 150 EAST 58TH STREET, 37TH FLOOR

NEW YORK NY 10055 City-State-Zip:

VC Title

City-State-Zip:

Title

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

NEW YORK NY 10018

ATAS

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.

01/22/2014 SIGNATURE: ROBIN A. ELLIOTT AT/AS