

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAR -7 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001426773
-03/10/95--01042--022
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 825528 (3)
1. Corporation Name
CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Principal Place of Business Mailing Address
386 PARK AVE SOUTH 386 PARK AVE SOUTH
NEW YORK NY 10016-8804 NEW YORK NY 10016-8804

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 17th FL. 27 17th FL.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
12/29/1971 04/12/1994
4. FEI Number Applied For
13-6193105 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	POWELL, MORGAN
STREET ADDRESS	2150 EAST 15TH ST.
CITY- ST- ZIP	TULSA OK
TITLE	T
NAME	STEINBECK, GARY
STREET ADDRESS	200 EAST 90TH ST. APT 14F
CITY- ST- ZIP	NEW YORK NY
TITLE	S
NAME	GARRETT, STANLEY
STREET ADDRESS	505 PARK AVE
CITY- ST- ZIP	NEW YORK NY
TITLE	V
NAME	MODELL, SHELBY
STREET ADDRESS	205 ALBON RD
CITY- ST- ZIP	HEWLETT HARBOR NY
TITLE	V
NAME	LISA RICHARDSON
STREET ADDRESS	12403 SEARSDALE BLVD STE D
CITY- ST- ZIP	HOUSTON TX 77089
TITLE	V
NAME	SMITH, ALLSWANE
STREET ADDRESS	1143 WINDBROOK DR 201
CITY- ST- ZIP	BUFFALO NY 60089

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRINE, ROBERT	
1.3 STREET ADDRESS	P.O. BOX 12489 (N/A)	
1.4 CITY- ST- ZIP	MILL CREEK, WA 98092-0489	
2.1 TITLE	<input type="checkbox"/> Nonprofit with IRS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	501(c)(3) TAX Exempt Status	
2.3 STREET ADDRESS	Peter Rambo Pin Finance	
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	300001426773	
3.3 STREET ADDRESS	-03/10/95--01042--023	
3.4 CITY- ST- ZIP	*****8.75 *****8.75	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCARSDALE	
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ALLSWANG, SCOTT	
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP	BUFFALO GROVE, IL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert G. Brine ROBERT BRINE 1/12/95 (212)685-3440
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date System Process