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96 MAY -1 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>.1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 825528 (3)**  
1. Corporation Name  
**CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.**

Principal Place of Business <b>386 PARK AVE SOUTH 17TH FL NEW YORK NY 10016-8804</b>	Mailing Address <b>386 PARK AVE SOUTH 17TH FL NEW YORK NY 10016-8804</b>
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3. Date Incorporated or Qualified <b>12/29/1971</b>	3a. Date of Last Report <b>03/07/1995</b>
4. FEI Number <b>13-6193105</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BRINE, ROBERT</b>	
STREET ADDRESS	<b>P.O. BOX 12489 N/A</b>	
CITY-ST-ZIP	<b>MILL CREEK WA 98092-0489</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>STEINBECK, GARY</b>	
STREET ADDRESS	<b>200 EAST 90TH ST. APT 14F</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GARRETT, STANLEY</b>	
STREET ADDRESS	<b>505 PARK AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MODELL, SHELBY</b>	
STREET ADDRESS	<b>205 ALBON RD</b>	
CITY-ST-ZIP	<b>HEWLETT HARBOR NY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LISA SCARSDALE</b>	
STREET ADDRESS	<b>12403 SCARSDALE BLVD STE D</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77089</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLAWANG, SCOTT</b>	
STREET ADDRESS	<b>1148 WINDBROOK DR 201</b>	
CITY-ST-ZIP	<b>BUFFALO GROVE IL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>T</b>	<b>CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		<b>Lewis LOKITZ</b>	
1.3 STREET ADDRESS		<b>386 Park Ave. 50 17th Floor</b>	
1.4 CITY-ST-ZIP		<b>New York, New York</b>	
2.1 TITLE	<b>T</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>T</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>T</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>T</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS		<b>Richardson, Lisa</b>	
5.4 CITY-ST-ZIP		<b>12403 Scarsdale Blvd Ste D</b>	
6.1 TITLE	<b>T</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lewis B. Lokitz* **Lewis B. LOKITZ** 4-19-96 212 685 3440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)