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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 386 PARK AVE SOUTH 17TH FL NEW YORK NY 10016-8804	Mailing Address 386 PARK AVE SOUTH 17TH FL NEW YORK NY 10016-8804
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/29/1971	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-6193105	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

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 FL 85 Zip Code
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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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BRINE, ROBERT P.O. BOX 12489 N/A MILL CREEK WA 98092-0489
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT STEINBECK, GARY 200 EAST 90TH ST. APT 14F NEW YORK NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GARRETT, STANLEY 505 PARK AVE NEW YORK NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MODELL, SHELBY 205 ALBON RD HEWLETT HARBOR NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT RICHARDSON, LISA 12403 SCARSDALE BLVD, STE D HOUSTON TX 77089
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ALLAWANG, SCOTT 1146 WINDBROOK DR 201 BUFFALO GROVE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	CFO LEWIS B. LOKITZ 386 PARK AVE S. 17FL NEW YORK, NY 10016-8804
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

(212) 685-3440
Daytime Phone # 0078022