

**FILE NOW: FILING FEE IS \$61.25**

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98 FEB 18 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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  
**12/29/1971**

4. FEI Number  
**13-6193105**

Applied For  
 Yes  No

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  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 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	PT	<input checked="" type="checkbox"/> DELETE
NAME	BRINE, ROBERT	
STREET ADDRESS	P.O. BOX 12489 N/A	
CITY-ST-ZIP	MILL CREEK WA 98092-0489	
TITLE	TT	<input checked="" type="checkbox"/> DELETE
NAME	STEINBECK, GARY	
STREET ADDRESS	200 EAST 90TH ST. APT 14F	
CITY-ST-ZIP	NEW YORK NY	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GARRETT, STANLEY	
STREET ADDRESS	505 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	MODELL, SHELBY	
STREET ADDRESS	205 ALBON RD	
CITY-ST-ZIP	HEWLETT HARBOR NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	RICHARDSON, LISA	
STREET ADDRESS	12403 SCARSDALE BLVD, STE D	
CITY-ST-ZIP	HOUSTON TX 77089	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLAWANG, SCOTT	
STREET ADDRESS	1146 WINDBROOK DR 201	
CITY-ST-ZIP	BUFFALO GROVE IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES V. ROMANO, Ph.D.	
1.3 STREET ADDRESS	386 PARK AVENUE SOUTH	
1.4 CITY-ST-ZIP	NEW YORK, N.Y. 10016	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEONARD P. SMITH	
2.3 STREET ADDRESS	34 JILL DRIVE	
2.4 CITY-ST-ZIP	MARMORA, N.J. 08053	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR OF FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HELEN TAUBENFELD	
4.3 STREET ADDRESS	386 PARK AVENUE SOUTH	
4.4 CITY-ST-ZIP	NEW YORK, N.Y. 10016	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

*A. Alan*  
2/18/98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

CR2E037 (10/97)