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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90156 011 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 825528**  
 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-6193105
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	ROMANO, JAMES V PH.D.	
STREET ADDRESS	386 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, LEONARD P	
STREET ADDRESS	34 JILL DRIVE	
CITY-ST-ZIP	MARMORA NJ 08223	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GARRETT, STANLEY	
STREET ADDRESS	505 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DOF	<input type="checkbox"/> DELETE
NAME	TAUBENFELD, HELEN	
STREET ADDRESS	386 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NY 10016	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FLOCH, JULIE L.
2.3 STREET ADDRESS	575 MADISON AVE., 7 <sup>TH</sup> FLOOR
2.4 CITY-ST-ZIP	NEW YORK, N.Y. 10022
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALEXANDRIA EGLER
3.3 STREET ADDRESS	386 PARK AVE. SOUTH
3.4 CITY-ST-ZIP	NEW YORK, N.Y. 10016
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 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	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 3/1/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)