

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

0057212

DOCUMENT # 825528

1. Entity Name

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

02-24-2002 90001 003 ****70.00

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 13-6193105	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO TRUFFA, WILLIAM 386 PARK AVENUE SOUTH 17TH FLOOR NEW YORK NY 10016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINBECK, MARY M 386 PARK AVENUE SOUTH 17TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HIRSHFIELD, PETER B 386 PARK AVENUE SOUTH 17TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELSON, CHARLES O 386 PARK AVENUE SOUTH 17TH FLOOR NEW YORK NY 10020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RICHARDSON, LISA 12403 SCARSDALE BLVD, STE D HOUSTON TX 77089 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLAWANG, SCOTT 1146 WINDBROOK DR 201 BUFFALO GROVE IL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEINBECK, GARY M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAREN GERENSKI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EUGENE KESTENBAUM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 386 PARK AVE SOUTH 17TH FLOOR NEW YORK, N.Y. 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT BALDASSANO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 386 PARK AVE SOUTH 17TH FL NEW YORK, N.Y. 10016

12. 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 report or supplemental 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **2/4/02** **212-685-3440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)