

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2004
Secretary of State**

DOCUMENT# 825528

Entity Name: CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

386 PARK AVE SOUTH 17TH FL
NEW YORK, NY 100168804

New Principal Place of Business:

Current Mailing Address:

386 PARK AVE SOUTH 17TH FL
NEW YORK, NY 100168804

New Mailing Address:

FEI Number: 13-6193105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEROSE, RODGER
Address: 386 PARK AVENUE SOUTH 17TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: T () Delete
Name: STEINBECK, GARY M
Address: 386 PARK AVENUE SOUTH 17TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: ST () Delete
Name: JOHNSON, SUSAN
Address: 386 PARK AVENUE SOUTH 17TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: D () Delete
Name: ELSON, CHARLES O
Address: 386 PARK AVENUE SOUTH 17TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: C () Delete
Name: RICHARDSON, LISA
Address: 12403 SCARSDALE BLVD, STE D
City-St-Zip: HOUSTON, TX 77089

Title: D () Delete
Name: KESTENBAUM, EUGENE
Address: 386 PARKS AVE S, 17TH FLOOR
City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PLUNG, LOUIS
Address: 386 PARK AVENUE SOUTH 17TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAJESH SHAH

Electronic Signature of Signing Officer or Director

CONT

03/24/2004

Date