

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825528

FILED
Jul 07, 2008
Secretary of State

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 (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: PRES () Delete
Name: GESWELL, RICHARD PRES
Address: 386 PARK AVENUE SOUTH 17TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: VP () Delete
Name: JABLANSKY, MICHAEL CFO
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: D () Delete
Name: SINDERBRAND, GARY
Address: 386 PARK AVENUE SOUTH 17TH FLOOR
City-St-Zip: NEW YORK, NY 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: KLEINMAN, ROBERT
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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL JABLANSKY

CFO

07/07/2008

Electronic Signature of Signing Officer or Director

_____ Date