## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 825528**

1. Entity Name

## CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.



**FILED** Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90246 037 \*\*\*\*70.00

OHOTH	S & COLITIO I COMPATION OF	ANILITION, 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 10016-8904						
2 Principal	Place of Project	<u> </u>						
2. Principai	Place of Business	3. Mailing Address			# 1 <b>80</b> /01 100/10 11		(B)) B)B)) B)B)) B)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		-	4. FEI Number 1	3-6193105	<del> </del>	pplied For
Zip	Country	Zip	Country		5. Certificate of Si	atus Desired 1	\$8.75 Ac	
	6. Name and Address of Current R	egistered Agent		·	7. Name and Add	ress of New Regist	Fee Require	ed
:			Name			Town Hogist	cica Agein	
	ENTICE-HALL CORPORATION SYSTE	M, INC.	Street A	Address (F	P.O. Box Number is 1	Not Acceptable)	***	<del></del> -
SUITE 10	lyes street 15							<del></del> -
	ASSEE FL 32301						,	
			City				FL Zip Cod	
8. The above	e named entity submits this statement for tations of registered agent.	the purpose of changing its r	egistered office o	or registere	ed agent, or both, in	the State of Florida.	1 am familiar with,	and accept
ino obligo	mons or registored agent.							
SIGNATURE	Signature, typed or printed name of registered agent and	d title if emplicable (NOTE)	Section 14			<u> </u>		<del></del>
	organicato, typoo or printed hama or registered agent and	u uue ii applicabie. (NOTE:	Registered Agent signa	ture required v	when reinstating)		DATE	,
			paign Financing intribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIRE	CTORS	11.	Al	DDITIONS/CHANGI	ES TO OFFICERS AN	ID DIRECTORS IN	V 10
TITLE NAME	COO TRUFFA, WILLIAM	💢 Delete	TITLE		EDCHA CEO	=	☐ Change	Addition
STREET ADDRESS	386 PARK AVENUE SOUTH 17TH F	FLOOR	NAME STREET ADDRESS	RODG	ER DEROS	SOUTH, IFT	† Fl	
CITY-ST-ZIP	NEW YORK NY 10016		CITY-ST-ZIP	28.P	YORKS NY	10016		
TITLE	T CARLOTTE OF THE PARTY OF THE	☐ Delete	TITLE	NEW	1343711	10010	(X) Change	☐ Addition
NAME STREET ADDRESS	STEINBECK, GARY M 386 PARK AVENUE SOUTH 17TH F	I OOD	NAME	l			<b>/</b>	
CITY-ST-ZIP	NEW YORK NY 10022	LOUR	STREET ADDRESS CITY-ST-ZIP			10016		
TITLE	ST	Delete	TITLE	_		10010	(X) Change	Addition
NAME	GERENSKI, KAREN		NAME	10H	THSON, ST	SAH		,
STREET ADDRESS CITY-ST-ZIP	386 PARK AVENUE SOUTH 17TH F NEW YORK NY 10022	LOOR	STREET ADDRESS CITY-ST-ZIP	386	PARKS NE !	F FITTEL		}
TITLE	D D	□ Delete	TITLE	"NEG	7 LOISE HA	<u> 10016 </u>		
NAME	ELSON, CHARLES O	□ Delete	NAME		,		Change	☐ Addition
STREET ADDRESS	386 PARK AVENUE SOUTH 17TH F	LOOR	STREET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP			10016		
TITLE NAME	C RICHARDSON, LISA	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS	12403 SCARSDALE BLVD, STE D		NAME STREET ADDRESS					ļ
CITY-ST-ZIP	HOUSTON TX 77089		CITY-ST-ZIP					
TITLE	D	<b>X</b> ○ Delete	TITLE	Vec	TENRAIM	BIGENE	☐ Change	Addition Addition
NAME STREET ADDRESS	ALLAWANG, SCOTT	• •	NAME	20%	PARK AIR	EUGENE SOUTH , 17 <sup>TH</sup>		
STREET ADDRESS	1146 WINDBROOK DR 201		STREET ADDRESS CITY-ST-ZIP	286	1 Mass Avice.	SOUTH , IT "		
CITY-ST-ZIP	BUFFALO GROVE IL							

12. I hereby certify that the information supplied with this filling 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 tryated 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:**