

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849941

FILED
Jun 07, 2010
Secretary of State

Entity Name: TOURETTE SYNDROME ASSOCIATION, INC.

Current Principal Place of Business:

42-40 BELL BLVD.
SUITE 205
BAYSIDE, NY 11361

New Principal Place of Business:

Current Mailing Address:

42-40 BELL BLVD.
SUITE 205
BAYSIDE, NY 11361

New Mailing Address:

FEI Number: 23-7191992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURRY, ELEANOR
138 W. LEON LANE
COCOA BEACH, FL 32931 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: CD
Name: MOELIS, KENNETH D
Address: 1112 SCHUYLER RD
City-St-Zip: BEVERLY HILLS, CA 90210

Title: VCD
Name: THOMAS BAKER, NANCY
Address: 66 HYLER STREET
City-St-Zip: THOMASTON, ME 04861

Title: SD
Name: PAUL, DEVORE .
Address: 6345 BALBOA BLVD., SUITE 290
City-St-Zip: ENCINO, CA 91316

Title: VCD
Name: ASHINOFF, REID
Address: 22 BROADFIELD RD
City-St-Zip: NEW ROCHELLE, NY 10804

Title: VCD
Name: MALLAH, DIANE
Address: 479 GREENBRIAR COURT
City-St-Zip: ROSLYN, NY 11576

Title: TD
Name: NOWILL, DONALD T
Address: 41 TAYLOR CROSSWAY
City-St-Zip: BROOKLINE, MA 02445

I hereby 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 all other like empowered.

SIGNATURE: KENNETH D. MOELIS

CD

06/07/2010

Electronic Signature of Signing Officer or Director

Date