

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849941

FILED
Jan 10, 2011
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:

NATIONAL CORPORATE RESEARCH. LTD., INC.
515 E PARK AVE
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: CD
Name: ASHINOFF, REID
Address: 1221 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

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

Title: SD
Name: SCHIRLING, ROVENA .
Address: 63-46 252 STREET
City-St-Zip: LITTLE NECK, NY 11362

Title: VCD
Name: ROBIN, JOSEPHS
Address: 1861 N ORCHARD ST
City-St-Zip: CHICAGO, IL 60614

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

Title: TD
Name: COOK, FRED
Address: 6415 WOODBERRY COURT
City-St-Zip: E AMHERST, NY 14051

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: REID ASHINOFF

CD

01/10/2011

Electronic Signature of Signing Officer or Director

Date