

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849941

FILED
Apr 27, 2012
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.
155 OFFICE PLAZA DRIVE
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
Name: UNGAR, JUDIT
Address: 42-40 BELL BLVD
City-St-Zip: BAYSIDE, NY 11361

Title: TREA
Name: NOULAS, JULIE W
Address: 42-40 BELL BLVD
City-St-Zip: BAYSIDE, NY 11361

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

Title: VP
Name: FRANK, GARY
Address: 42-40 BELL BLVD
City-St-Zip: BAYSIDE, NY 11361

Title: VP
Name: LEVINE, JOSEPH MARK
Address: 42-40 BELL BLVD
City-St-Zip: BAYSIDE, NY 11361

Title: VP
Name: MCNAUGHT, KEVIN
Address: 42-40 BELL BLVD
City-St-Zip: BAYSIDE, NY 11361

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: JUDIT UNGAR

PRES

04/27/2012

Electronic Signature of Signing Officer or Director

Date