FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 852503 (2)

1. Corporation Name
AMERICAN PARALYSIS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
500 MORRIS AVENUE P O BOX 187 SHORT HILLS NJ 07078	500 MORRIS AVENUE P O BOX 187 SHORT HILLS NJ 07078

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1982
3a. Date of Last Report: 04/27/1994
4. FEI Number: 22-2939536 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	LAND, JAMES JR.	1.2 NAME	Mark Pinney	
STREET ADDRESS	500 MOLLIS AVE	1.3 STREET ADDRESS	42 W. 15th St.	
CITY-ST-ZIP	SPRINGFIELD NJ	1.4 CITY-ST-ZIP	New York, NY	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	CAMHI, DAVID	2.2 NAME		
STREET ADDRESS	32 WINDMERE DRIVE	2.3 STREET ADDRESS	34 Evans Drive	
CITY-ST-ZIP	WOODBURY NY	2.4 CITY-ST-ZIP	Brookville, NY	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	STIFEL, HENRY G.	3.2 NAME		
STREET ADDRESS	84 FARLEY RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SHORT HILLS NJ	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	ERGAS, MARTIN	4.2 NAME	Joella Beimfohr	
STREET ADDRESS	3 GROVE ISLE DR	4.3 STREET ADDRESS	48 Kenilworth Drive	
CITY-ST-ZIP	COCONUT GROVE FL	4.4 CITY-ST-ZIP	Short Hills, NJ	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	STIFEL, CHARLOTTE	5.2 NAME		
STREET ADDRESS	84 FARLEY RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SHORT HILLS NJ	5.4 CITY-ST-ZIP		
TITLE	PCEO	6.1 TITLE		☒ Change ☐ Addition
NAME	STOLLER, MITCHELL	6.2 NAME		
STREET ADDRESS	465 PENNS WAY	6.3 STREET ADDRESS	11 Surrey Lane	
CITY-ST-ZIP	BASKING RIDGE NJ	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mitchell Stoller 2/17/95 201-379-2690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007330