

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# F03000003918

Entity Name: CELIAC SPRUE ASSOCIATION/UNITED STATES OF AMERICA, INC.

**Current Principal Place of Business:**

CSA/USA, INC.  
4402 LEAVENWORTH STREET  
OMAHA, NE 68105

**New Principal Place of Business:**

**Current Mailing Address:**

CSA,USA, INC.  
PO BOX 31700  
OMAHA, NE 681310700

**New Mailing Address:**

FEI Number: 42-1261676      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAGAN, NORMA  
3725 NE 169TH STREET B111  
NORTH MIAMI BEACH, FL 33160      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: P      ( ) Delete  
Name: PALEY, DIANE E  
Address: 22 ISLAND DRIVE  
City-St-Zip: OLD BRIDGE, NJ 08857

Title: VVC      ( ) Delete  
Name: SULLIVAN, THOMAS P  
Address: 1852 BRYD DRIVE  
City-St-Zip: GROSSE POINTE WOODS, MI 48236

Title: S      ( ) Delete  
Name: NEVILLE, MARY P  
Address: 1146 GREENBRIAR CT.  
City-St-Zip: SOUTH PARK, PA 15129

Title: T      ( ) Delete  
Name: MEEHAN, ROBERT  
Address: 5007 NICHOLAS ST.  
City-St-Zip: OMAHA, NE 68132

Title: CED      ( ) Delete  
Name: SCHLUCKEBIER, MARY A  
Address: 4402 LEAVENWORTH STREET  
City-St-Zip: OMAHA, NE 68105

Title: D      ( ) Delete  
Name: WICHMAN, LORI S  
Address: N-2782 FRENCH ROAD  
City-St-Zip: APPLETON, WI 54913

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: LOCKE, WILLIAM A  
Address: 1347 SWEET WILLOW DRIVE  
City-St-Zip: MIDLOTHIAN, VA 23114

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARY A. SCHLUCKEBIER

\_\_\_\_\_ CED

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date