2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003918

FILED Jaņ 05, 2<u>01</u>0 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

CSA/USA, INC. 1941 S 42ND STREET SUITE 522 OMAHA, NE 68105

Current Mailing Address: New Mailing Address:

CSA/USA, INC 1941 S 42ND STREET SUITE 522 OMAHA, NE 68105

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

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

KAGAN, NORMA 3725 NÉ 169TH STREET B111 NORTH MIAMI BEACH, FL 33160 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Name: ELY, BILL

Address: 2600 BLUE MOUNTAIN AVE City-St-Zip: BERTHOUD, CO 80513

Title:

Name: LIBONATI, JOHN Address: 365 E BUTTLER AVE City-St-Zip: AMBLER, PA 19002

Title:

SCHWARTZOTT, JOANNE Name: Address: 43 REYNOLDS RD City-St-Zip: WEST SENECA, NY 14224

Title:

Name: KOLTERMAN, CLARK 660 E PINEWOOD Address: City-St-Zip: SEWARD, NE 68434

Title: CED

SCHLUCKEBIER, MARY A Name: 1941 S 42ND STREET Address: City-St-Zip: OMAHA, NE 68105

Title:

MORRIS. WILLIAM E Name: Address: 1369 GRAYSTONE CT DE PERE, WI 54115 City-St-Zip:

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: CLARK KOLTERMAN **TREA** 01/05/2010