2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003918

FILED Jan 17, 2012 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 NE 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.

III the State of Flori

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

SIGNATURE:

Name: MCKINLEY, CAROLYN Address: 1830 EAST PARKS HWY City-St-Zip: WASILLA, AK 99654

Title: V

Name: MCKINLEY, CAROLYN Address: 1830 EAST PARKS HWY City-St-Zip: WASILLA, AK 99654

Title: S

Name: BACHMAN, LINDA Address: 1005 E GAY

City-St-Zip: WARRENSBURG, MO 64093

Title: T

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

Title: CED

 Name:
 SCHLUCKEBIER, MARY A

 Address:
 1941 S 42ND STREET

 City-St-Zip:
 OMAHA, NE 68105

Title: [

Name: BOND, JUDY
Address: 5814 PARK CIRCLE
City-St-Zip: SHAWNEE, KS 66216

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 01/17/2012