

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005085

FILED
Mar 03, 2005
Secretary of State

Entity Name: NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC.

Current Principal Place of Business:

99 WALL STREET
RESEARCH PARK
PRINCETON, NJ 08540

New Principal Place of Business:

Current Mailing Address:

99 WALL STREET
RESEARCH PARK
PRINCETON, NJ 08540

New Mailing Address:

FEI Number: 04-3246763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MERENS, JACLYN
NAAR SOUTH FLORIDA OFFICE
2151 W. HILLSBORO BOULEVARD, SUITE 303
DEERFIELD BEACH, FL 33442 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: S () Delete
Name: DUBERSTEIN, GARY ESQ
Address: 909 THIRD AVENUE-30TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: T () Delete
Name: KRINSKY, MARK
Address: 655 MADISON AVENUE
City-St-Zip: NEW YORK, NY 100218087

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: GIBBONS, ANN ESQ
Address: 6400 SHADOW ROAD
City-St-Zip: CHEVY CHASE, MD 20815

Title: TREA (X) Change () Addition
Name: KRINSKY, MARK J
Address: 655 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10021

Title: CHAI () Change (X) Addition
Name: MARVIN, PRISCA
Address: 7903 TUCKAHOE ROAD
City-St-Zip: DENTON, MD 21629

Title: V-CH () Change (X) Addition
Name: ALESSANDRI, MICHAEL
Address: 1614 PENNSYLVANIA AVENUE, APT 2F
City-St-Zip: MIAMI BEACH, FL 33139

Title: V-CH () Change (X) Addition
Name: HILIBRAND, DEBORAH
Address: 100 CONYERS FARM ROAD
City-St-Zip: GREENWICH, CT 06830

Title: V-CH () Change (X) Addition
Name: PASCETTA, MARJORIE
Address: 10 WINSOR LANE
City-St-Zip: TOPSFIELD, MA 01983

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: GLENN R. TRINGALI

CEO

03/03/2005

Electronic Signature of Signing Officer or Director

Date