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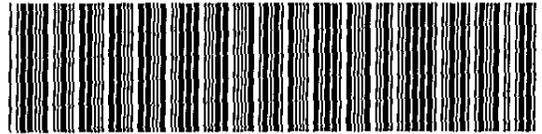
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SEC. OF STATE
TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Alliance for Autism Research, Inc.
(Name of Corporation -- must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Daniel R. Alcott, Esq.

(Name of Person)

Perlman & Perlman, Esqs.

(Firm/Company)

220 Fifth Avenue, 7th Floor

(Address)

New York, New York 10001

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel R. Alcott, Esq.

(Name of Person)

at (212)

889-0575

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

- 1. National Alliance for Autism Research, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. New Jersey (State or country under the law of which it is incorporated)
3. 04-3246763 (FEI number, if applicable)
4. July 14, 1994 (Date of Incorporation)
5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. January 2003 (Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 99 Wall Street, Research Park, Princeton, New Jersey 08540 (Principal office address)
Same (Current mailing address)

8. See Mission Statement attached hereto (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Jaclyn Merens - NAAR South Florida Office

Office Address: 2151 W. Hillsboro Boulevard, Suite 303

Deerfield Beach, Florida 33442 (City) (Zip Code)

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10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jaclyn Merens (Registered agent's signature) Jaclyn Merens

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

SEE ATTACHED SCHEDULE

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHED SCHEDULE

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Karen Margulis London
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Karen Margulis London, Vice-President Development
(Typed or printed name and capacity of person signing application)

National Alliance for Autism Research - BOARD OF TRUSTEES

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	Summer Address: #1 Little Barn Door Island c/o United States Mail Boat Wolfboro, NH 03894	(603) 569-1357 (h) (603) 569-7895 (fax)
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Barri Rind	4055 West Mercer Way Mercer Island, WA 98040	(206) 230-6616 (h) (425) 830-0015 (cell) (425) 453-1359 (fax) barri1@hotmail.com
Daniel F. Ryan, Jr.	113 Majestic Drive Dix Hills, NY 11746	(631) 858-0723 (h) (212) 269-7109 (w) (212) 785-2155 (fax) DMRYAN@optonline.net
Martin A. Schwartzman	75-26 Bell Blvd., 5D Bayside, NY 11364	(718) 776-1948 (h) (718) 776-1948 (call/fax) (888) 635-8664 (pager) (917) 345-4985 (cell) marty2@rcn.com

National Alliance for Autism Research

Mission Statement

The mission of the National Alliance for Autism Research is to fund, promote and accelerate biomedical research and science-based approaches that seek to determine the causes, prevention, effective treatments and, ultimately, a cure for autism spectrum disorders. This mission includes providing grants to researchers for innovative, new pilot studies; mentoring fellowships to recruit new researchers to focus on autism; and funding larger, collaborative research programs that have the potential to yield major scientific advances in autism research.

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC.

0100594197

With the Previous or Alternate Name

NATIONAL ALLIANCE FOR AUTISM RESEARCH (Alternate
Name)

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Non Profit Corporation was
registered by this office on July 14, 1994.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

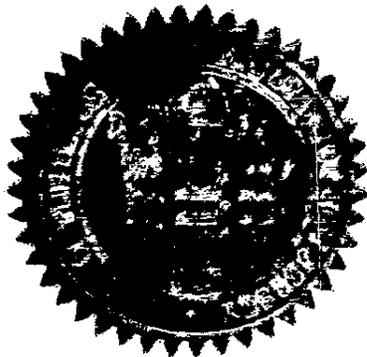
*Karen Margulis London
5 Van Marter Court
Princeton, NJ 08540*

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
1st day of October, 2003



A handwritten signature in cursive script, appearing to read "John E. McCormac".

John E McCormac, CPA
State Treasurer