2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# F04000002422

Entity Name: AUTISM NATIONAL COMMITTEE, INC.

Current Principal Place of Business:

1045 WITTMAN DRIVE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1045 WITTMAN DRIVE
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 04-3138358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HITZING, WADE
1045 WITTMAN DRIVE
FORT MYERS, FL 33919 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: PRES ( ) Delete
Name: CARPENTER, ANNE
Address: 2200 FULLER RD
City-St-Zip: ANN ARBOR, MI 48105 US

Title: VP ( ) Delete
Name: WILLIAMS, MARGO
Address: 2818 PARKRIDGE DRIVE
City-St-Zip: ANN ARBOR, MI 48103 US

Title: SEC ( ) Delete
Name: BAKEMAN, ANNE
Address: 3 BEDFORD GREEN
City-St-Zip: SOUTH BURLINGTON, VT 05403 US

Title: T ( ) Delete
Name: HITZING, WADE
Address: 1045 WITTMAN DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: KOCHMEISTER, SHARISA JO
Address: 12587 WEST DAKOTA AVE #1-111
City-St-Zip: LAKEWOOD, CO 80228 US

Title: VP (X) Change ( ) Addition
Name: MCCLENNEN, SANDRA
Address: 619 N. SHELDON RD
City-St-Zip: PLYMOUTH, MI 48170 US

Title: SEC (X) Change ( ) Addition
Name: CHENG, PASCAL
Address: 102 S. WINOOSKI AVE
City-St-Zip: SOUTH BURLINGTON, VT 05401 US

Title: TREA (X) Change ( ) Addition
Name: HITZING, WADE
Address: 1045 WITTMAN DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WADE HITZING TREA 04/27/2008
Electronic Signature of Signing Officer or Director — Date