# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 03, 2011**
**Secretary of State**

DOCUMENT# F04000004074

**Entity Name:** ACORDA THERAPEUTICS, INC.

**Current Principal Place of Business:**

15 SKYLINE DRIVE
HAWTHORNE, NY 10532

**New Principal Place of Business:**

**Current Mailing Address:**

15 SKYLINE DRIVE
HAWTHORNE, NY 10532

**New Mailing Address:**

**FEI Number: 13-3831168** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO
Name: COHEN, RON MD
Address: 15 SKYLINE DRIVE
City-St-Zip: HAWTHORNE, NY 10990

Title: CSO
Name: BLIGHT, ANDREW R PHD
Address: 15 SKYLINE DRIVE
City-St-Zip: HAWTHORNE, NY 10532

Title: CFO
Name: LAWRENCE, DAVID MBA
Address: 15 SKYLINE DRIVE
City-St-Zip: HAWTHORNE, NY 10532

Title: VGCS
Name: WASMAN, JANE JD
Address: 15 SKYLINE DRIVE
City-St-Zip: HAWTHORNE, NY 10532

Title: CMO
Name: WESSEL, THOMAS C MD,PHD
Address: 15 SKYLINE DRIVE
City-St-Zip: HAWTHORNE, NY 10532

Title: VP
Name: SABELLA, LAUREN M
Address: 15 SKYLINE DRIVE
City-St-Zip: HAWTHORNE, NY 10532

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID LAWRENCE CFO 01/03/2011

Electronic Signature of Signing Officer or Director Date