2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002698

FILED Jul 05, 2006 Secretary of State

Entity Name: EPILEPSY FOUNDATION OF AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business: 4351 GARDEN CITY DRIVE LANDOVER, MD 20785 **Current Mailing Address: New Mailing Address:** 4351 GARDEN CITY DRIVE LANDOVER, MD 20785 FEI Number: 52-0856660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BRAUNLICH, WILLIAM E COELHO, TONY Name: Name: 107 AUDOBON ROAD, BLDG. 2 Address: 1201 N. NASH STREET APT. 503 Address: City-St-Zip: WAKEFIELD, MA 01880 City-St-Zip: ARLINGTON, VA 22209 (X) Change () Addition Title: VC () Delete Title: COELHO, TONY Name: BENDER, JOYCE A Name: Address: 1201 NORTH NASH STREET, APT, 503 Address: 3 PENN CENTER W. SUITE 223 City-St-Zip: ARLINGTON, VA 22209 City-St-Zip: PITTSBURGH, PA 15276 Title: () Delete Title: SEC (X) Change () Addition DEAN, PATRICIA PEASE, DENISE Name: Name: 3100 SW 62ND AVENUE 103-21 35TH AVE Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: CORONA, NY 11368 Title: () Delete Title: C/F (X) Change () Addition PAINTER, JUDY Name: Name: SABATINI, STEVEN 1323 FORBES AVENUE, SUITE 102 Address: Address: 667 MADISON AVE., 2ND FL City-St-Zip: PITTSBURGH, PA 15219 City-St-Zip: NEW, NY 10022 Title: () Delete Title: () Change () Addition HARGIS, ERIC R Name: Name: 4351 GARDEN CITY DRIVE, SUITE 500 Address: Address: City-St-Zip: LANDOVER, MD 20785 City-St-Zip: Title: () Delete Title: () Change () Addition FINUCANE, ALEXANDRA K Name: Name: Address: 4611 ASBURY PLACE, NW Address: WASHINGTON, DC 20016 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NORINE ALI ADM 07/05/2006