

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002698

FILED
Apr 22, 2009
Secretary of State

Entity Name: EPILEPSY FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

8301 PROFESSIONAL PLACE - EAST
LANDOVER, MD 20785

New Principal Place of Business:

Current Mailing Address:

8301 PROFESSIONAL PLACE - EAST
LANDOVER, MD 20785

New Mailing Address:

FEI Number: 52-0856660

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: CHA () Delete
Name: SABATINI, STEVEN T
Address: 8301 PROFESSIONAL PLACE - EAST
City-St-Zip: LANDOVER, MD 20785

Title: TREA () Delete
Name: NINI, MARK
Address: 8301 PROFESSIONAL PLACE - EAST
City-St-Zip: LANDOVER, MD 20785

Title: SEC () Delete
Name: PEASE, DENISE L
Address: 8301 PROFESSIONAL PLACE - EAST
City-St-Zip: LANDOVER, MD 20785

Title: CH/E () Delete
Name: BENDER, JOYCE A
Address: 8301 PROFESSIONAL PLACE - EAST
City-St-Zip: LANODVER, MD 20785

Title: PRES () Delete
Name: HARGIS, ERIC R
Address: 8301 PROFESSIONAL PLACE - EAST
City-St-Zip: LANDOVER, MD 20785

Title: VP () Delete
Name: FINUCANE, ALEXANDRA K
Address: 8301 PROFESSIONAL PLACE - EAST
City-St-Zip: LANDOVER, MD 20785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/C (X) Change () Addition
Name: ROSE, CLIFFORD J
Address: 8301 PROFESSIONAL PLACE - EAST
City-St-Zip: LANDOVER, MD 20785

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: CLIFFORD J ROSE

VP/C

04/22/2009

Electronic Signature of Signing Officer or Director

Date