

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000002698

FILED  
Jul 28, 2014  
Secretary of State

**Entity Name:** EPILEPSY FOUNDATION OF AMERICA, INC.

**Current Principal Place of Business:**

8301 PROFESSIONAL PLACE - EAST  
SUITE 200  
LANDOVER, MD 20785

**New Principal Place of Business:**

8301 PROFESSIONAL PLACE EAST  
SUITE 200  
LANDOVER, MD 20785

**Current Mailing Address:**

8301 PROFESSIONAL PLACE - EAST  
SUITE 200  
LANDOVER, MD 20785

**New Mailing Address:**

8301 PROFESSIONAL PLACE EAST  
SUITE 200  
LANDOVER, MD 20785

**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: CHELSEA GAFFNEY CT CORP

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: GATTONE, PHILIP M  
Address: 8301 PROFESSIONAL PLACE EAST  
City-St-Zip: LANDOVER, MD 20785

Title: CFO  
Name: GASTON, LEE  
Address: 8301 PROFESSIONAL PLACE EAST  
City-St-Zip: LANDOVER, MD 20785

Title: SEC  
Name: LIANG, MAY N  
Address: 8301 PROFESSIONAL PLACE EAST  
City-St-Zip: LANDOVER, MD 20785

Title: CH/P  
Name: LAMMERT, WARREN  
Address: 8301 PROFESSIONAL PLACE EAST  
City-St-Zip: LANODVER, MD 20785

Title: TREA  
Name: HELDMAN, ROGER  
Address: 8301 PROFESSIONAL PLACE EAST  
City-St-Zip: LANDOVER, MD 20785

Title: DIR  
Name: RUBINSTEIN, DIANE  
Address: 8301 PROFESSIONAL PLACE EAST  
City-St-Zip: LANDOVER, MD 20785

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

SIGNATURE: DIANE RUBINSTEIN

DIR

07/28/2014

Electronic Signature of Signing Officer or Director

Date