

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002001

FILED
Sep 15, 2008
Secretary of State

Entity Name: CYCLIC VOMITING SYNDROME ASSOCIATION, INC.

Current Principal Place of Business:

2819 W. HIGHLAND BLVD
MILWAUKEE, WI 53208

New Principal Place of Business:

Current Mailing Address:

2819 W. HIGHLAND BLVD
MILWAUKEE, WI 53208

New Mailing Address:

FEI Number: 39-1767509 **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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 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: C () Delete
Name: BABIASZ, JUDY
Address: 2819 W. HIGHLAND
City-St-Zip: MILWAUKEE, WI 53208

Title: P () Delete
Name: ADAMS, KATHLEEN
Address: 13180 CAROLINE CT
City-St-Zip: ELM GROVE, WI 53122

Title: VP () Delete
Name: WILSON, DOUG SR
Address: 164 MILESTONE WAY
City-St-Zip: GREENVILLE, SC 29615

Title: S () Delete
Name: JONAS, JODIE
Address: 4071 AVE COLONIALE
City-St-Zip: MONTREAL, QC, H2W 2C2, CANADA, SC 29615 XX

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:

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: JUDY BABIASZ

PD

09/15/2008

Electronic Signature of Signing Officer or Director

Date