

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 22, 2011
Secretary of State

DOCUMENT# F07000003606

Entity Name: EDEN AUTISM SERVICES FOUNDATION, INC.**Current Principal Place of Business:**ONE EDEN WAY
PRINCETON, NJ 08540**New Principal Place of Business:****Current Mailing Address:**ONE EDEN WAY
PRINCETON, NJ 08540**New Mailing Address:****FEI Number:** 22-4215005**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FLORIDA, EDEN
24860 BURNT PINE DRIVE BLDG 6 STE 3
BONITA SPRINGS, FL 34134 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
Name: FREDE, JASON
Address: 14 HOLLY LANE
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: VC
Name: GARY, MARIE
Address: 49 FITCH WAY
City-St-Zip: PRINCETON, NJ 08540

Title: VC
Name: TARR, CHRISTOPHER
Address: 100 LENOX DRIVE, STE. 200
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: P
Name: MCCOOL, THOMAS P
Address: 78 SCHINDLER CT
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: S
Name: DELGIUDICE-ASCH, GINA
Address: 433 CHRISTOPHER DR.
City-St-Zip: PRINCETON, NJ 08540

Title: T
Name: LOFGREN, ERIC
Address: 181 PLAINSBORO RD.
City-St-Zip: CRANBURY, NJ 08512

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: THOMAS P. MCCOOL

PRES

11/22/2011

Electronic Signature of Signing Officer or Director

Date