

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003606

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** EDEN AUTISM SERVICES FOUNDATION, INC.

**Current Principal Place of Business:**

ONE EDEN WAY  
PRINCETON, NJ 08540

**New Principal Place of Business:**

2 MERWICK RD.  
PRINCETON, NJ 08540

**Current Mailing Address:**

ONE EDEN WAY  
PRINCETON, NJ 08540

**New Mailing Address:**

2 MERWICK RD.  
PRINCETON, NJ 08540

**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:**

MCCOOL, THOMAS P  
2801 COUNTY BARN ROAD  
NAPLES, FL 34112 US

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:** THOMAS P. MCCOOL, PRESIDENT & CEO

02/09/2012

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:** JOHN INZILLA, CONTROLLER

C

02/09/2012

Electronic Signature of Signing Officer or Director

Date