

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002809

FILED
Aug 12, 2010
Secretary of State

Entity Name: HEREDITARY ANGIOEDEMA ASSOCIATION INC.

Current Principal Place of Business:

7 WATERFRONT PLAZA
500 ALA MOANA BLVD. SUITE 400
HONOLULU, HI 96813

New Principal Place of Business:

Current Mailing Address:

HAEA
% 33 ELIZABETH ST.
FAIRHAVEN, MA 02719

New Mailing Address:

FEI Number: 25-1852548 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

URBANIAK, SALLY
1159 EASTWOOD BRANCH DRIVE
JACKSONVILLE, FL 32259 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: P
Name: CASTALDO, ANTHONY
Address: 4601 HOLBORN AVE.
City-St-Zip: ANNADALE, VA 22003

Title: T
Name: SALUS, LARRY
Address: 911 WILBUR AVE. #1
City-St-Zip: SAN DIEGO, CA 92109

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: LARRY SALUS

DIR

08/12/2010

Electronic Signature of Signing Officer or Director

Date