

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90034 028 ****70.00

DOCUMENT # F93000005398

1. Entity Name
**ALZHEIMER'S DISEASE AND RELATED DISORDERS
ASSOCIATION, INC.**



Principal Place of Business
**225 N. MICHIGAN AVE.
17TH FLOOR
CHICAGO, IL 60601**

Mailing Address
**225 N. MICHIGAN AVE.
17TH FLOOR
CHICAGO, IL 60601**

40078273



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282008 Chg-NP CR2E037 (12/06)

4. FEI Number
13-3039601

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARM ROAD
#221E
PALM BEACH GARDENS, FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JOHNS, HARRY M
225 N. MICHIGAN AVENUE, #17TH FLOOR
CHICAGO, IL 60601** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ATTEA, PAUL
225 N. MICHIGAN AVENUE, #17TH FLOOR
CHICAGO, IL 60601** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
HOVLAND, RICHARD
225 N. MICHIGAN AVE., 17TH FLOOR
CHICAGO, IL 60601** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OSHER, JOHN
225 N. MICHIGAN AVENUE, #17TH FLOOR
CHICAGO, IL 60601** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMPSON, EVAN
225 N. MICHIGAN AVE., 17TH FLOOR
CHICAGO, IL 60601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLEMAN, LAUREL
225 N. MICHIGAN AVE., 17TH FLOOR
CHICAGO, IL 60601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
URBUT, MICHAEL
225 N. MICHIGAN AVE., 17TH FLOOR
CHICAGO, IL 60601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOSCOW, DAVID
225 N. MICHIGAN AVE., 17TH FLOOR
CHICAGO, IL 60601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/08

(312) 335-8700

Date

Daytime Phone #