2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N36501

Entity Name: GRAVES' DISEASE FOUNDATION, INC.

Current Principal Place of Business:

400 INTERNATIONAL DRIVE
WILLIAMSVILLE, NY 14221 US

New Principal Place of Business:

Current Mailing Address:

400 INTERNATIONAL DRIVE
WILLIAMSVILLE, NY 14221 US

New Mailing Address:

FEI Number: 59-3009617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONNER, DAVID
6099 PEACHTREE LANE
GREENACRES, FL 33463 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:	CEO	( ) Delete
Name:	FILOCAMO, PETER DIR.	
Address:	400 INTERNATIONAL DRIVE	
City-St-Zip:	WILLIAMSVILLE, NY 14221 US	
Title:	COB	( ) Delete
Name:	PATTERSON, NANCY DIR.	
Address:	400 INTERNATIONAL DRIVE	
City-St-Zip:	WILLIAMSVILLE, NY 14221 US	
Title:	CFO	( ) Delete
Name:	FLYNN, STEVE DIR.	
Address:	400 INTERNATIONAL DRIVE	
City-St-Zip:	WILLIAMSVILLE, NY 14221 US	
Title:	CMSO	( ) Delete
Name:	SMITH, TERRY DIR.	
Address:	400 INTERNATIONAL DRIVE	
City-St-Zip:	WILLIAMSVILLE, NY 14221 US	
Title:	SEC	( ) Delete
Name:	DOSTART, PAUL DIR.	
Address:	400 INTERNATIONAL DRIVE	
City-St-Zip:	WILLIAMSVILLE, NY 14221 US	
Title:	DIR	( ) Delete
Name:	BELL-FLYNN, KATHLEEN	
Address:	400 INTERNATIONAL DRIVE	
City-St-Zip:	WILLIAMSVILLE, NY 14221 US	

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:	
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: PETER FILOCAMO CEO 04/24/2009

Electronic Signature of Signing Officer or Director — Date