

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36501

FILED
Apr 25, 2010
Secretary of State

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
Name: FILOCAMO, PETER DIR.
Address: 400 INTERNATIONAL DRIVE
City-St-Zip: WILLIAMSVILLE, NY 14221 US

Title: COB
Name: FLYNN, STEVE DIR.
Address: 400 INTERNATIONAL DRIVE
City-St-Zip: WILLIAMSVILLE, NY 14221 US

Title: CFO
Name: BELL-FLYNN, KATHLEEN DIR.
Address: 400 INTERNATIONAL DRIVE
City-St-Zip: WILLIAMSVILLE, NY 14221 US

Title: CMSO
Name: SMITH, TERRY DIR.
Address: 400 INTERNATIONAL DRIVE
City-St-Zip: WILLIAMSVILLE, NY 14221 US

Title: SEC
Name: DOSTART, PAUL DIR.
Address: 400 INTERNATIONAL DRIVE
City-St-Zip: WILLIAMSVILLE, NY 14221 US

Title: DIR
Name: PATTERSON, NANCY DIR.
Address: 400 INTERNATIONAL DRIVE
City-St-Zip: WILLIAMSVILLE, NY 14221 US

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: PETER FILOCAMO

CEO

04/25/2010

Electronic Signature of Signing Officer or Director

Date