

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46695

FILED
Mar 19, 2009
Secretary of State

Entity Name: ANGELMAN SYNDROME FOUNDATION, INC.

Current Principal Place of Business:

4255 WESTBROOK DRIVE
SUITE 216
AURORA, IL 60504 US

New Principal Place of Business:

Current Mailing Address:

4255 WESTBROOK DRIVE
SUITE 216
AURORA, IL 60504 US

New Mailing Address:

FEI Number: 59-3092842 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 () Delete
Name: PRITZER, FRED
Address: 618 FAIRMONT
City-St-Zip: ST. PAUL, MN 55105

Title: MD () Delete
Name: BRAUN, EILEEN
Address: 4255 WESTBROOK DR., STE 216
City-St-Zip: AURORA, IL 60504

Title: T () Delete
Name: BURBAGE, DEVAR
Address: 1128 PIPESTEIN PLACE
City-St-Zip: POTOMAC, MD 20854

Title: VP () Delete
Name: MARCHMAN, KIM
Address: 1115 ROBIN HILL
City-St-Zip: BEL AIR, MD 21015

Title: D () Delete
Name: CASPERT, MITCHELL
Address: 11 OXFORD ROAD
City-St-Zip: CALDWELL, NJ 07006

Title: D () Delete
Name: PARKHURST, NANCY
Address: 1223 JACK DRIVE
City-St-Zip: KERRVILLE, TX 78028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BURBAGE, DEVAR
Address: 1128 PIPESTEM PLACE
City-St-Zip: POTOMAC, MD 20854

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: EILEEN BRAUN

DIR

03/19/2009

Electronic Signature of Signing Officer or Director

Date