

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000004352****1. Entity Name**
ASPERGER SYNDROME COALITION OF THE UNITED STATES (ASC-U.S.), INC.

Principal Place of Business	Mailing Address
5504 SELTON AVE	C/O D. PALEY
JACKSONVILLE FL 32277	9843 NW 18 ST POMPANO BEACH FL 33071

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	ASC-U.S., C/O ROBERT W. BUDDENBOHN, JR.
City & State	522 LEESE ROAD NEEDMORE PA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3471133	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALEY DIANE CPA 9843 NW 18 ST CORAL SPRINGS FL 33071	Name GIBSON GAIL Street Address (P.O. Box Number is Not Acceptable) 14071 BROKEN BOW DRIVE, NORTH City JACKSONVILLE FL Zip Code 32225

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.

SIGNATURE GAIL GIBSON	04/25/2001
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstalling)</small>
	<small>DATE</small>

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																
<table border="0"><tr><td>TITLE</td><td>D <input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ANGUS JEANNE</td></tr><tr><td>STREET ADDRESS</td><td>350 CENTRAL PK W APT 150</td></tr><tr><td>CITY-ST-ZIP</td><td>NEW YORK NY 10025</td></tr></table>	TITLE	D <input type="checkbox"/> Delete	NAME	ANGUS JEANNE	STREET ADDRESS	350 CENTRAL PK W APT 150	CITY-ST-ZIP	NEW YORK NY 10025	<table border="0"><tr><td>TITLE</td><td>D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>ANGUS JEANNE</td></tr><tr><td>STREET ADDRESS</td><td>350 CENTRAL PK WEST, APT 15D</td></tr><tr><td>CITY-ST-ZIP</td><td>NEW YORK NY 10003</td></tr></table>	TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ANGUS JEANNE	STREET ADDRESS	350 CENTRAL PK WEST, APT 15D	CITY-ST-ZIP	NEW YORK NY 10003
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sherry A. Moyer	Pres	04/25/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

SAUDER, SANDRA (D)
26505 COUNTY ROAD F

ARCHBOLD, OH 43502

BOVEE, JEAN-PAUL (D)
4414 JARBOE, APT. 1

KANSAS CITY, MO 64111

SHORE, STEPHEN (D)
94 NAPLES ROAD

BROOKLINE, MA 02446