

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000004352

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: ASPERGER SYNDROME COALITION OF THE UNITED STATES (ASC-U.S.), INC.

Current Principal Place of Business:

5504 SELTON AVE
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

ASC-U.S., C/O ROBERT W. BUDDENBOHN, JR.
522 LEESE ROAD
NEEDMORE, PA 17238 US

New Mailing Address:

ASC-U.S., C/O GAIL A. GIBSON
14071 BROKEN BOW DR. N.
JACKSONVILLE, FL 32225 US

FEI Number: 59-3471133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, GAIL
14071 BROKEN BOW DRIVE, NORTH
JACKSONVILLE, FL 32225 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/D () Delete
Name: MOYER, SHERRY A
Address: HC 62, BOX 41A
City-St-Zip: GREAT CACAPON, WV 25422 US

Title: S/D () Delete
Name: GIBSON, MARK
Address: 14071 BROKEN BOW DRIVE, NORTH
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: T/D () Delete
Name: GIBSON, GAIL
Address: 14071 BROKEN BOW DRIVE, NORTH
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: C/D () Delete
Name: SILVER, RHONA
Address: 5504 SELTON AVENUE
City-St-Zip: JACKSONVILLE, FL 32227 US

Title: D () Delete
Name: SMITH-MYLES, BRENDA
Address: 11400 WEST 155TH TERRACE
City-St-Zip: OVERLAND PARK, KS 66221 US

Title: D/V () Delete
Name: ANGUS, JEANNE
Address: 350 CENTRAL PK WEST, APT 15D
City-St-Zip: NEW YORK, NY 10003 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: GIBSON, MARK K
Address: 14071 BROKEN BOW DR. N.
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: S/D (X) Change () Addition
Name: CAMPBELL, SHANA
Address: 202 N. ELM AVE.
City-St-Zip: BOISE, ID 83712 US

Title: T/D (X) Change () Addition
Name: CAMPBELL, JARED
Address: 1750 A1A S. SUITE D
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: F/D (X) Change () Addition
Name: SILVER, RHONA
Address: 5504 SELTON AVENUE
City-St-Zip: JACKSONVILLE, FL 32227 US

Title: PR/D (X) Change () Addition
Name: SAUDER, SANDY
Address: 26505 COUNTY RD. F
City-St-Zip: ARCHBOLD, OH 43502 US

Title: D (X) Change () Addition
Name: D'ERASMO, SANDY
Address: 832 MAC SHERRY DR.
City-St-Zip: ARNOLD, MD 21012 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK K. GIBSON

PRES

04/30/2002

Electronic Signature of Signing Officer or Director

Date

RAY DU CHARME, DIRECTOR
THE LEARNING CLINIC
RT. 19 BOX 324
BROOKLYN, CT. 06234

TOM GALLATA, DIRECTOR
221 KEENEY STREET
GLASTONBURY, CT 06033

JEAN-PAUL BOVEE, DIRECTOR
4414 JARBOE #1
KANSAS CITY, MO 64111

STEPHEN SHORE, DIRECTOR
94 NAPLES RD. #2
BROOKLINE, MASSACHUSETTS 02446