FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:15

DOCUMENT # P15242 (1)

1. Corporation Name
EPILEPSY FOUNDATION OF AMERICA, INC.

Principal Place of Business	Mailing Address
4351 GARDEN CITY DRIVE LANDOVER MD 20785	4351 GARDEN CITY DRIVE LANDOVER MD 20785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 03/04/1994
4. FEI Number: 52-0856660 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SANTILLI, NANCY R	12 NAME		
STREET ADDRESS	RT. 20 BLUE RIDGE HOSPITAL	13 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTESVILLE VA	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	SD	XX Change ☐ Addition
NAME	NORWOOD, ANN	22 NAME	The Honorable Lee H. Rosenthal	
STREET ADDRESS	1505 N. BLVD.	23 STREET ADDRESS	515 Rusk, Room 8631	
CITY-ST-ZIP	HUSTON TX	24 CITY-ST-ZIP	Houston, TX 77002	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	KOENING, PAUL M ESQ.	32 NAME		
STREET ADDRESS	1676 N. CALIFORNIA BLVD., STE 200	33 STREET ADDRESS		
CITY-ST-ZIP	WALNUT CREEK CA	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	VD	XX Change ☐ Addition
NAME	GOLDENSOHN, ELI S.	42 NAME	Diana J. Pillas	
STREET ADDRESS	720 RT. 9 W	43 STREET ADDRESS	108 W. Seminary Avenue	
CITY-ST-ZIP	NYACK NY	44 CITY-ST-ZIP	Lutherville, MD 21093	
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	DREIFUSS, FRITZ E.	52 NAME		
STREET ADDRESS	HOSP DR,MCKIM HALL, 2027	53 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTESVILLE VA	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE		☐ Change ☐ Addition
NAME	SONNENBERG, CHARLES H.	62 NAME		
STREET ADDRESS	111 GEERS DR	63 STREET ADDRESS		
CITY-ST-ZIP	LEBANON TN	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Santilli 2/10/95 (301) 459-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Nancy Santilli, President

907P15