

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15242

1. Corporation Name

EPILEPSY FOUNDATION OF AMERICA, INC.

Principal Place of Business

4351 GARDEN CITY DRIVE
LANDOVER MD 20785

Mailing Address

4351 GARDEN CITY DRIVE
LANDOVER MD 20785

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90197 045 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/30/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

52-0856660

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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
NAME DODSON, EDWIN W MD
STREET ADDRESS 660 S. EUCLID AVENUE
CITY-ST-ZIP ST. LOUIS MO 63110-1093

☒ DELETE

1.1 TITLE Linda K. Warner
1.2 NAME S
1.3 STREET ADDRESS 9156 Jewel Lane North
1.4 CITY-ST-ZIP Forest Lake, MN 55025

☐ Change ☒ Addition

TITLE D
NAME HUNT, DARROLD
STREET ADDRESS 305 ALLISON ST NW
CITY-ST-ZIP WASHINGTON DC 20011

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME O'NEIL, THOMAS ESQ
STREET ADDRESS 7101 WISCONSIN AVE
CITY-ST-ZIP BETHESDA MD

☒ DELETE

3.1 TITLE Director
3.2 NAME Evy Kay Ritzen
3.3 STREET ADDRESS 3605 Mockingbird Lane
3.4 CITY-ST-ZIP Dallas, TX 75205

☐ Change ☒ Addition

TITLE SVPD
NAME LINDAHL, LISA
STREET ADDRESS 112 CLAY POINT RD
CITY-ST-ZIP COLCHESTER VT 05446

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME CARPENTER, JEANNE A ESQ.
STREET ADDRESS 600 THIRTEENTH ST NW 9TH FLOOR
CITY-ST-ZIP WASHINGTON DC 20005-3096

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME MATTHEWS, B G
STREET ADDRESS 6603 TEXAS COMMERCE TOWER
CITY-ST-ZIP HOUSTON TX 77002-3007

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 600 Travis St. Suite 6603
6.4 CITY-ST-ZIP Houston, TX 77002-3007

☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

202-756-8052