

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006102

Entity Name: AUTISM SPEAKS INC.

Current Principal Place of Business:

50 F STREET NW, SUITE 360
WASHINGTON, DC 20001

Current Mailing Address:

50 F STREET NW, SUITE 360
WASHINGTON, DC 20001 US

FEI Number: 20-2329938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US

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

Officer/Director Detail :

Title PRESIDENT AND CEO
Name WARGO , KEITH
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title CHAIRMAN
Name HARPER , BRIAN
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title VC
Name RICHARDSON , JAMIE
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title VC
Name JONES , ADRIAN
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title TREASURER AND SECRETARY
Name ARLEDGE , CURTIS
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title CHIEF MARKETING OFFICER
Name SEELY , KELLI
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title COO
Name VANYO, JOSEPH
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title VC
Name NANCE, JACQUELYN
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

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I hereby 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 all other like empowered.

SIGNATURE: CURTIS ARLEDGE

**SECRETARY, BY SARAH
SCULLY, ATTORNEY-IN-
FACT**

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ARLEDGE , CURTIS
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name CARPENTER , SCOTT
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name FRAZIER II, PH.D. , THOMAS
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name FRAZIER , ADAM
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name HIGGINS , MATTHEW
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name JONES , TIM
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name MURRAY, KEVIN
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name PARDES, M.D., HERBERT
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name SCHWENKEL , ROBERT C.
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name SEIDEL, JENNIFER
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR

Title DIRECTOR
Name BERNARD , TOM
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name CASERTA , JENNIFER
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name FEIRSTEIN , BARRY R
Address 50 F STREET NW, SUITE 360
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Title DIRECTOR
Name HARPER , BRIAN L.
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name JONES, ADRIAN
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name KEHOE, AIDAN
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name NANCE, JACQUELYN
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name RICHARDSON, JAMIE T.
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name SAVITZ , STUART
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name SHORE, ED. D., STEPHEN
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name GOODE, DARREN

Name STANBROOK, STEVEN P.
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name VITALI, CHERYL
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name PIERCE, SUBRIANA
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name CHERN, LAURIE
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name O'CONNOR, WILLIAM
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name BENARDETE, JUDITH
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name GILES, WILLIAM T.
Address 50 F STREET NW, SUITE 360
City-State-Zip: WASHINGTON DC 20001