2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2017
Secretary of State
CC0664698301

DOCUMENT# F16000001439

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF AMERICA, INC.

Current Principal Place of Business:

3700 KOPPERS STREET, SUITE 570
BALTIMORE, MD 21227

Current Mailing Address:

3700 KOPPERS STREET, SUITE 570
BALTIMORE, MD 21227 US

FEI Number: 23-7175985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRAC - THE REGISTERED AGENTY COMPANY
236 E. 6TH AVENUE
TALLAHASSEE, FL 32303 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	P
Name	BANKS, SONJA
Address	3700 KOPPERS STREET, SUITE 570
City-State-Zip:	BALTIMORE MD 21227

Title	OFFICER
Name	HOLLINS, CHRISTOPHER
Address	200 VESEY STREET
City-State-Zip:	NEW YORK NY 10285

Title	CMO
Name	HSU, LEWIS MD
Address	3700 KOPPERS STREET, SUITE 570
City-State-Zip:	BALTIMORE MD 21227

Title	D
Name	BENJAMIN, LENNETTE J MD
Address	P.O. BOX 331 (2 JACKSON HILL ROAD)
City-State-Zip:	SHARON CT 06069

Title	VC
Name	TAYLOR, DENNIS
Address	3700 KOPPERS STREET, SUITE 570
City-State-Zip:	BALTIMORE MD 21227

Title	CHAIRMAN
Name	BRAXTON, DAVID N PH.D.
Address	303 PEACHTREE STREET NE
City-State-Zip:	ATLANTA GA 30308

Title	CHIEF MEDICAL OFFICER
Name	ANDEMARIAM, BIREE MD
Address	115 SCARBOROUGH STREET
City-State-Zip:	HARTFORD CT 06105

Title	D
Name	HALL, LISE
Address	1225 I STREET SE
City-State-Zip:	WASHINGTON DC 20003

Continues on page 2

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: LEROY HUGHES VICE PRESIDENT 08/14/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	HUGHES, LEROY
Address	3700 KOPPERS STREET, SUITE 570
City-State-Zip:	BALTIMORE MD 21227