

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002163

Entity Name: PARKINSON'S DISEASE FOUNDATION, INC.

Current Principal Place of Business:

1359 BROADWAY
SUITE 1509
NEW YORK, NY 10018

Current Mailing Address:

1359 BROADWAY
SUITE 1509
NEW YORK, NY 10018 US

FEI Number: 13-1866796

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 ROWLAND, LEWIS PM.D.
Address NEUROLOGICAL INSTITUTE 710 W.,
168TH ST.
City-State-Zip: NEW YORK NY 10032

Title T
Name ACKERMAN, STEPHEN A
Address 1211 6TH AVENUE, 34TH FLOOR
City-State-Zip: NEW YORK NY 10036

Title ATAS
Name ELLIOTT, ROBIN A
Address 1359 BROADWAY, SUITE 1509
City-State-Zip: NEW YORK NY 10018

Title S
Name KONECKY, ISOBEL R
Address 248 EAST 68TH STREET
City-State-Zip: NEW YORK NY 10021

Title D
Name FAHN, STANLEY M.D.
Address 710 WEST 168TH STREET
City-State-Zip: NEW YORK NY 10032

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: ROBIN ELLIOTT

ASSISTANT TREASURER 01/04/2013

Electronic Signature of Signing Officer/Director Detail

Date