

No. <b>C 162618</b>		<b>Due no later than Sep 30, 2017</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		TOURETTE ASSOCIATION OF AMERICA INC. 42-40 BELL BOULEVARD SUITE 205 BAYSIDE NY 11361					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
TREASURER	JULIE W. NOULAS	42-40 BELL BOULEVARD SUITE 205	BAYSIDE	NY	USA	11361	
PRESIDENT	ROVENA SCHIRLING	42-40 BELL BOULEVARD SUITE 205	BAYSIDE	NY	USA	11361	
SECRETARY	MARI KIRKPATRICK	42-40 BELL BOULEVARD SUITE 205	BAYSIDE	NY	USA	11361	
DIRECTOR	RANDI ZEMSKY	42-40 BELL BOULEVARD SUITE 205	BAYSIDE	NY	USA	11361	
DIRECTOR	MICHAEL WOLFF	42-40 BELL BOULEVARD SUITE 205	BAYSIDE	NY	USA	11361	
DIRECTOR	ROBIN SMALL	42-40 BELL BOULEVARD SUITE 205	BAYSIDE	NY	USA	11361	
DIRECTOR	ROVENA SCHIRLING	42-40 BELL BOULEVARD SUITE 205	BAYSIDE	NY	USA	11361	
DIRECTOR	CHRIS OVITZ	42-40 BELL BOULEVARD SUITE 205	BAYSIDE	NY	USA	11361	
DIRECTOR	KENNETH MOELIS	42-40 BELL BOULEVARD SUITE 205	BAYSIDE	NY	USA	11361	
DIRECTOR	PAUL DEVORE	42-40 BELL BOULEVARD SUITE 205	BAYSIDE	NY	USA	11361	
DIRECTOR	STEPHEN BARRON	42-40 BELL BOULEVARD SUITE 205	BAYSIDE	NY	USA	11361	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>NY</b> <b>C 162618</b>		Signature: Kelly Lettmann		Date: 08/10/2017			
		Name (type or print): Kelly Lettmann		Title: POA			
Processed 08/10/2017		* Electronically provided signatures are accepted as original signatures.					