

No. <b>C 162618</b>	<b>Due no later than Sep 30, 2016</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(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>1. Mailing Address: Correct in this box if needed.</b> TOURETTE ASSOCIATION OF AMERICA INC. 42-40 BELL BOULEVARD SUITE 205 BAYSIDE NY 11361	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705  3. <u>New</u> Registered Agent Signature:*				
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
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:  <b>NY</b> <b>C 162618</b>	6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann		Date: 08/10/2016 Title: POA			
Processed 08/10/2016		* Electronically provided signatures are accepted as original signatures.				