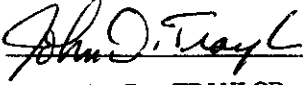
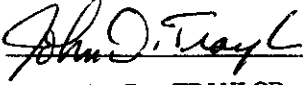
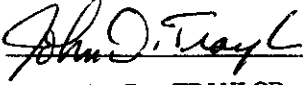


No. C 120416 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Aug 31, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable UNITED CEREBRAL PALSY ASSOCIATIONS, 1660 L ST NW STE 700 WASHINGTON, DC 20036	2. Registered Agent and Office NO PO BOX CT CORPORATION SYSTEM 300 N 6TH ST BOISE, ID 83701 3. <u>New</u> Registered Agent Signature						
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <tr> <td><u>Office held</u></td> <td><u>Name</u></td> <td><u>Street or P.O. Address</u></td> <td><u>City</u></td> <td><u>State</u></td> <td><u>Zip</u></td> </tr> </table> SEE ATTACHED LISTING.			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>			
5. Organized Under the Laws of: NEW YORK C 120416	6. <table border="0"> <tr> <td>Signature </td> <td>Date <u>8/8/00</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>JOHN D. TRAYLOR</u></td> <td>Title: <u>CHIEF FINANCIAL OFFICER</u></td> </tr> </table>		Signature 	Date <u>8/8/00</u>	Name (Typed or Printed) <u>JOHN D. TRAYLOR</u>	Title: <u>CHIEF FINANCIAL OFFICER</u>		
Signature 	Date <u>8/8/00</u>							
Name (Typed or Printed) <u>JOHN D. TRAYLOR</u>	Title: <u>CHIEF FINANCIAL OFFICER</u>							

Issued 06/01/2000

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10/2/11

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