| No. C 182005 | | | e no later than Feb 28, 2014 | 2. Registered Age | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------------------------|---|--|--|---|------------|----------------|--|
| Return to: | | 1 | Annual Report Form | | INCORP SERVICES, INC. | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. ANGELMAN SYNDROME FOUNDATION, INC. EILEEN BRAUN 4255 WESTBROOK DR STE 219 AURORA IL 60504 USA | | | 921 S ORCHARD ST STE G BOISE ID 83705 USA | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| . Corporations: Enter | Names and Busine | ss Addresses of F | President, Secretary, and Directors. Treas | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT SECRETARY | GREGORY DOHRMANN FRANK MCCULLOUGH | | 3809 RIVERBOAT DR. 1 BURKEWOOD PLACE | STOCKTON CHARLESTON | CA WV | USA USA | 95219 25314 | |
| | | | | | | | | |
| 5. Organized Under the | e Laws of: | 6. Annual Report | must be signed.* | | | | | |
| 5. Organized Under the | e Laws of: | 6. Annual Report Signature: Eile | 9 W 10000 R 100 100 3 10 K | Date: 01/ | 14/2014 | | | |
| 5. Organized Under the FL C 18200 | | Signature: Eile | 9 W 10000 R 100 100 3 10 K | | /14/2014 ecutive Dir | rector | | |