

No. C 162618	Due no later than Sep 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: 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. TOURETTE SYNDROME ASSOCIATION, INC. JENNIFER GONZALEZ 42-40 BELL BLVD STE 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	MICHELLE BARNES	42-40 BELL BLVD STE 205	BAYSIDE	NY	USA	11361
SECRETARY	MARCIE KIRKPATRICK	42-40 BELL BLVD STE 205	BAYSIDE	NY	USA	11361
5. Organized Under the Laws of: NY C 162618		6. Annual Report must be signed.* Signature: JENNIFER GONZALEZ Name (type or print): JENNIFER GONZALEZ Date: 10/08/2015 Title: ACCOUNTING MANAGER				
Processed 10/08/2015		* Electronically provided signatures are accepted as original signatures.				