

No. <b>C 182005</b>	<b>Due no later than Feb 28, 2011</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> ANGELMAN SYNDROME FOUNDATION, INC. EILEEN BRAUN 4255 WESTBROOK DR STE 219 AURORA IL 60504 USA	INCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA	
		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	TIMOTHY MCCARTY	219 E. EIGHTH STREET	HINSDALE IL USA 60521
SECRETARY	MITCHELL CASPERT	11 OXFORD ROAD	NORTH CALDWELL NJ USA 07006
5. Organized Under the Laws of:  <b>FL C 182005</b>	6. Annual Report must be signed.* Signature: Eileen Braun Date: 01/31/2011 Name (type or print): Eileen Braun Title: Executive Director		
Processed 01/31/2011	* Electronically provided signatures are accepted as original signatures.		