

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 810108 (1)

1. Corporation Name
NATIONAL MULTIPLE SCLEROSIS SOCIETY



Principal Place of Business: **733 THIRD AVE 6TH FLOOR NEW YORK NY 10017-3288 US**
Mailing Address: **733 3RD AVE 6TH FLOOR NEW YORK NY 10017 US**

3. Date Incorporated or Qualified: **12/07/1954**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 733 Third Ave.**
Suite, Apt. #, etc.: **22 6th Floor**
City & State: **23 New York, NY**
Zip: **24 10017-3288** Country: **25 U.S.**

4. FEI Number: **13-5661935**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, RICHARD	1.2 NAME
STREET ADDRESS	P O BOX 927	1.3 STREET ADDRESS
CITY - ST - ZIP	MILFORD PA	1.4 CITY - ST - ZIP
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGAN, MICHAEL	2.2 NAME
STREET ADDRESS	733 THIRD AVE	2.3 STREET ADDRESS
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, ARTHUR	3.2 NAME
STREET ADDRESS	1251 AVE OF THE AMERICAS	3.3 STREET ADDRESS
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, ROBERT	4.2 NAME
STREET ADDRESS	73680 AGAVE LANE	4.3 STREET ADDRESS
CITY - ST - ZIP	PALM DESERT CA	4.4 CITY - ST - ZIP
TITLE	O <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESAPIO, JOSEPH	5.2 NAME
STREET ADDRESS	733 THIRD AVE	5.3 STREET ADDRESS
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

SD
Mrs. Susan Wilkey
5112 North Highway 83
Hartland, WI 53029

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Joseph C. DeSapio* **Joseph C. DeSapio** Asst. Secretary Date: **212 986-3 240**

CR2E037 (12/95)