

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # 810108 (1)**  
1. Corporation Name  
**NATIONAL MULTIPLE SCLEROSIS SOCIETY**

**FILED**  
**97 MAY -5 AM 10:15**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified **12/07/1954** 3a. Date of Last Report **05/14/1996**

2. Principal Place of Business 21 <b>733 Third Avenue</b>	2a. Mailing Address 26 <b>Same</b>	4. FEI Number <b>13-5661935</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22 <b>6th Floor</b>	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23 <b>New York, NY</b>	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24 <b>10017-3288</b>	Country 25 <b>US</b>	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number Is Not Acceptable)			
83			
84 City	<b>FL</b>	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	<b>DC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNYDER, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>P O BOX 927 (N/A)</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILFORD PA</b>	1.4 CITY-ST-ZIP	<b>18337</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUGAN, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>733 THIRD AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	<b>6000020165706--3</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>-05/05/97--01000</b> <input type="checkbox"/> Addition
NAME	<b>SIEGEL, ARTHUR</b>	3.2 NAME	<b>*****61.25 *****61.25</b>
STREET ADDRESS	<b>1251 AVE OF THE AMERICAS</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	<b>10036</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MRS. SUSAN WILKEY</b>	4.2 NAME	
STREET ADDRESS	<b>5112 NORTH HIGHWAY 83</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARTLAND WI</b>	4.4 CITY-ST-ZIP	<b>53029</b>
TITLE	<b>O</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESAPIO, JOSEPH</b>	5.2 NAME	
STREET ADDRESS	<b>733 THIRD AVE</b>	5.3 STREET ADDRESS	<b>5-MBC</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	<b>5-5-97 10017</b>
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Joseph C. DeSapio Assistant Secretary **4/9/97** (212) 986-3240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078034

CR2E037 (9/96)