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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 810108

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/07/1954
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	13-5661935
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, RICHARD	1.2 NAME	Mr. Richard B. Slifka
STREET ADDRESS	P O BOX 927 N/A	1.3 STREET ADDRESS	Global Petroleum Corp.
CITY-ST-ZIP	MILFORD PA 18337	1.4 CITY-ST-ZIP	800 South Street, Suite 200
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	Waltham, MA 02154 <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 10017	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, ARTHUR	3.2 NAME	Mr. Richard J. Mengel
STREET ADDRESS	1211 AVE OF THE AMERICAS	3.3 STREET ADDRESS	Mengel, Metzger, Barr & Co.
CITY-ST-ZIP	NEW YORK NY 10036	3.4 CITY-ST-ZIP	33 Chestnut Street
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	Rochester, NY 14604 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRS. SUSAN WILKEY	4.2 NAME	
STREET ADDRESS	5112 NORTH HIGHWAY 83	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARTLAND WI 53029	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 10017	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	

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: 5/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)