2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02995

FILED Apr 20, 2011 Secretary of State

Entity Name: AMERICAN MASSAGE THERAPY ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

500 DAVIS STREET SUITE 900

EVANSTON, IL 602014695

Current Mailing Address: New Mailing Address:

500 DAVIS STREET SUITE 900 EVANSTON, IL 602014695

FEI Number: 62-0968813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: IPP

Name: MILLER-READ, KATHLEEN
Address: 20141 FOREST PARK DR. NE
City-St-Zip: SHORELINE, WA 98155

Title: PRS

Name: MOYLE, GLENATH Address: PO BOX 25561

City-St-Zip: PORTLAND, OR 97298

Title: VP

Name: BONTRAGER, WINONA Address: 313 W. LIBERTY ST. City-St-Zip: LANCASTER, PA 17603

Title: VP

 Name:
 PORAMBO, NANCY

 Address:
 616 CENTER ST.

 City-St-Zip:
 JIM THORPE, PA 18229

Title: PE

Name: RIBIERO, CYNTHIA
Address: 22951 MILL CREEK DR.
City-St-Zip: LAGUNA HILLS, CA 92653

Title: SEC

Name: JOHNSON, SHELLY

Address: 500 DAVIS STREET, SUITE 900

City-St-Zip: EVANSTON, IL 60201

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHELLY JOHNSON SEC 04/20/2011