

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **808654 (8)**  
1. Corporation Name  
**MUSCULAR DYSTROPHY ASSOCIATION, INC.**



Principal Place of Business: **3300 E. SUNRISE DRIVE TUCSON AZ 85718**  
Mailing Address: **3300 E. SUNRISE DRIVE TUCSON AZ 85718**

3. Date Incorporated or Qualified: **08/22/1951**  
3a. Date of Last Report: **02/16/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		<b>13-1665552</b>	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25	Country	29	Country	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				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, LOIS R</b>	1.2 NAME	<b>Robert M. Bennett</b>
STREET ADDRESS	<b>3300 E. SUNRISE DRIVE</b>	1.3 STREET ADDRESS	<b>3300 East Sunrise Drive</b>
CITY-ST-ZIP	<b>TUCSON AZ</b>	1.4 CITY-ST-ZIP	<b>Tucson, AZ 85718-3208</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMALL, S. MOUCHLY MD</b>	2.2 NAME	
STREET ADDRESS	<b>3300 E. SUNRISE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TUCSON AZ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VC</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Vice Chairman of the Executive Committee</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENZAK, LOUIS R</b>	3.2 NAME	<b>Lois R. West</b>
STREET ADDRESS	<b>3300 E. SUNRISE DRIVE</b>	3.3 STREET ADDRESS	<b>3300 East Sunrise Drive</b>
CITY-ST-ZIP	<b>TUCSON AZ</b>	3.4 CITY-ST-ZIP	<b>Tucson, AZ 85718-3208</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSS, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>3300 E. SUNRISE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TUCSON AZ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, ROBERT M</b>	5.2 NAME	<b>Victor R. Wright</b>
STREET ADDRESS	<b>3300 E. SUNRISE DRIVE</b>	5.3 STREET ADDRESS	<b>3300 East Sunrise Drive</b>
CITY-ST-ZIP	<b>TUCSON AZ</b>	5.4 CITY-ST-ZIP	<b>Tucson, AZ 85718-3208</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MASTERS, TIMMI</b>	6.2 NAME	<b>Ariel Wynn</b>
STREET ADDRESS	<b>3300 E. SUNRISE DRIVE</b>	6.3 STREET ADDRESS	<b>3300 East Sunrise Drive</b>
CITY-ST-ZIP	<b>TUCSON AZ</b>	6.4 CITY-ST-ZIP	<b>Tucson, Arizona 85718-3208</b>

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 149.07(3)(c), 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: Ariel Wynn (520) 529-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)