

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

Mailing Address

733 THIRD AVE
6TH FLOOR
NEW YORK NY 10017-3288
US

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

2a. Mailing Address

21 733 Third Ave.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 6th Floor

27

City & State

City & State

23 New York, NY

28

Zip Country

Zip Country

24 10017-3288 25 U.S.

29

30

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DC
STREET ADDRESS SNYDER, RICHARD
CITY - ST - ZIP P O BOX 927
MILFORD PA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME P
STREET ADDRESS DUGAN, MICHAEL
CITY - ST - ZIP 733 THIRD AVE
NEW YORK NY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME TD
STREET ADDRESS SIEGEL, ARTHUR
CITY - ST - ZIP 1251 AVE OF THE AMERICAS
NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☒ DELETE
NAME SD
STREET ADDRESS FLAHERTY, ROBERT
CITY - ST - ZIP 73680 AGAVE LANE
PALM DESERT CA

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME SD
4.3 STREET ADDRESS Mrs. Susan Wilkey
4.4 CITY - ST - ZIP 5112 North Highway 83
Hartland, WI 53029 ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME O
STREET ADDRESS DESAPIO, JOSEPH
CITY - ST - ZIP 733 THIRD AVE
NEW YORK NY

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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
Asst. Secretary

Date

212 986-3 240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)