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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 810108

(1)

NATIONAL MULTIPLE SCLEROSIS SOCIETY

	Mailing Address			IN MINI WARIN DIGU DIDU DI	
rincipal Place of Business	-				
733 THIRD AVE	733 3RD AVE 6TH FLOOR				
6TH FLOOR NEW YORK NY 10017-3288	NEW YORK NY 10017		Do Date of Land Deposit		
US	US		3. Date Incorporated or Qualified 12/07/1954	3a. Date of Last R 05/01/19	95
Principal Place of Business	2a. Mailing Address		4. FEI Number 13-5661935	├	pplied For at Applicable
733 Third Ave.	26 SAME Suite, Apt. #, etc.			\$8.75	Additional
Suite, Apt. #, etc. 6th Floor	27		5. Certificate of Status Desired	Fee R	equired
City & State	City & State		6. Election Campaign Financing	<u> </u>	May Be
New York, NY	28		Trust Fund Contribution		to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	itangible tax under s. ∶] Yes □ No	199.032,
10017-3288 ²⁵ U.S.	29	30	Florida Statutes 10. Name and Address of New Re		··
9. Name and Address of Curr	rent Hegistered Agent	81 Name	To. Hame und Address of Trees.		
		1 1			
CT CORPORATION SYSTEM		82 Street Ad	ddress (P.O. Box Number is Not Acceptable	3)	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324		83			
FLARIATION FL 00024				85 Zip	Code
		84 City		FL 🕍	Code
Pursuant to the provisions of Sections 617.05 or registered agent, or both, in the State of Fl	502 and 617 1508. Florida Statut	es, the above-named cor	poration submits this statement for the purp	oose of changing its re	egistered office
ramiliar with, and accept the obligations of or					
familiar with, and accept the obligations of, Si GNATURE Signature, typed or printed name of registered a		DTE: Registered Agent signature rec	quied when reinstating!	DATE	DS IN 12
GNATURE Signature, typed or printed name of registered as OFFICERS A	igent and title 4 applicable (NS	DTE: Registered Agent signature rec	uied when reinstatingt ADD:TIONS/CHANGES TO OFFIC	CERS AND DIRECTO	
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SIGNATURE:

Joseph C. DeSapio

SIGNATURE AND THE ON PRINTED NAME OF SIGNAN OFFICER OR DIRECTOR

212 986-3 240

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