


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **810108** (1)

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 10017-3288
US

3. Date Incorporated or Qualified
12/07/1954

3a. Date of Last Report
05/14/1996

2. Principal Place of Business

21 **733 Third Avenue**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

22 **6th Floor**

Suite, Apt. #, etc.

27

City & State

23 **New York, NY**

City & State

28

24 Zip **10017-3288**

Country

25 **US**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DC
SNYDER, RICHARD
P O BOX 927
MILFORD PA** (N/A)

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P
DUGAN, MICHAEL
733 THIRD AVE
NEW YORK NY**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TD
SIEGEL, ARTHUR
1251 AVE OF THE AMERICAS
NEW YORK NY**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**SD
MRS. SUSAN WILKEY
5112 NORTH HIGHWAY 83
HARTLAND WI**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**O
DESAPIO, JOSEPH
733 THIRD AVE
NEW YORK NY**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

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

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

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph C. DeSapio

Assistant Secretary 4/9/97 (212) 986-3240

Date

Daytime Phone # 0078034

FILED
97 MAY -5 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (9/96)