

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 13-1665552		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D BENNETT, ROBERT M 3300 E. SUNRISE DRIVE TUCSON AZ <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D MASTERS, TIMMI 3300 E. SUNRISE DR TUCSON AZ <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC D WEST, LOIS R 3300 E. SUNRISE DRIVE TUCSON AZ <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D ROSS, ROBERT 3300 E. SUNRISE DRIVE TUCSON AZ <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D WRIGHT, VICTOR R 3300 E. SUNRISE DRIVE TUCSON AZ <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WYNN, ARIEL 3300 E. SUNRISE DRIVE TUCSON AZ <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Ariel Wynn **Ariel Wynn, Assistant Secretary** 1/7/98 (520) 529-2000

CR2E037 (10/97)

MUSCULAR DYSTROPHY ASSOCIATION, INC.
OFFICERS (*) AND MEMBERS OF THE BOARD OF DIRECTORS

July 18, 1997

National Office
3300 East Sunrise Drive
Tucson, Arizona 85718-3208

*Robert M. Bennett
President

Louis R. Benzak
President Emeritus

Leon I. Charash, M.D.

Harold C. Crump

Joseph S. DiMartino

*David A. Gardner
Vice Chairman of the Executive Committee

R. Rodney Howell, M.D.

Lt. Gen. Robert B. Johnston
USMC (Ret)

*Timmi Masters
Secretary

Christopher J. Rosa

*Robert Ross
Senior Vice President & Executive Director

Carolyn Warner

*Lois R. West
Chairman of the Executive Committee
President Emeritus

*Victor R. Wright
Treasurer

Jerry Lewis
Honorary Member
Board of Directors

OTHER OFFICERS

Robert Linder
Assistant Treasurer

Daniel Bereck
Assistant Treasurer

Ariel Wynn
Assistant Secretary

Gail Schmertz Kerner, Esq.
Assistant Secretary