

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90006 004 ****70.00

DOCUMENT # 808654

1. Entity Name

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3300 E. SUNRISE DRIVE
TUCSON AZ 85718**

**3300 E. SUNRISE DRIVE
TUCSON AZ 85718**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1665552

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNETT, ROBERT M 3300 E. SUNRISE DRIVE TUCSON AZ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASTERS, TIMMI 3300 E SUNRISE DR TUCSON AZ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC WEST, LOIS R 3300 E. SUNRISE DRIVE TUCSON AZ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSS, ROBERT 3300 E. SUNRISE DRIVE TUCSON AZ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, VICTOR R 3300 E. SUNRISE DRIVE TUCSON AZ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

(Signature)
Ariel Wynn
Assistant Secretary

1/11/01 (520) 529-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)



Fighting Neuromuscular Diseases

NATIONAL HEADQUARTERS

3300 East Sunrise Drive, Tucson, AZ 85718-3208
Telephone (520) 529-2000 • Fax (520) 529-5300
Web: www.mdausa.org • E-mail: mda@mdausa.org

The first nonprofit organization honored with the American Medical Association's **Lifetime Achievement Award** "for significant and lasting contributions to the health and welfare of humanity."

001047

Doc # 808654

January 9, 2001

Ms. Katherine Harris
Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Ms. Harris:

Enclosed please find the following for the Muscular Dystrophy Association, Inc.:

1. Completed 2001 Corporation Annual Report for the Florida Department of State.
2. Check #572573 in the amount of \$70 for the required \$61.25 filing fee and \$8.75 for a Certificate of Status.
3. Listing of officers and members of the Board of Directors.

Should you have any questions or need additional information, please contact me.

Sincerely,

Stephen P. Evans
Senior Accountant

SPE/dpc

Enclosure

cc: J. McCormick
S. Brown
P. Schreiber
M. Hodges

Return Receipt Requested
Z 152 666 778

Muscular Dystrophy Association

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

July 14, 2000

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

801047
DOC#808654

*Robert M. Bennett
President

Jim Major

Louis R. Benzak
President Emeritus

*Timmi Masters
Secretary

Leon I. Charash, M.D.

Olin F. Morris

Bart Conner

Sara S. Portnoy, Esq.

Harold C. Crump

Christopher J. Rosa, Ph.D.

Joseph S. DiMartino

*Robert Ross
Senior Vice President & Executive Director

*David A. Gardner
Vice Chairman of the Executive Committee

Jeanne Y. Russell

Cynthia Garrett

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

R. Rodney Howell, M.D.

*Victor R. Wright
Treasurer

Suzanne Lowden

Jerry Lewis
National Chairman
Honorary Member, Board of Directors

OTHER OFFICERS

Daniel Bereck
Assistant Treasurer

Ashlie Warner
Assistant Treasurer

Ariel Wynn
Assistant Secretary

Gail Schmertz Kerner, Esq.
Assistant Secretary