

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90074 028 ****70.00

DOCUMENT # 808654

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1665552

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE **P** Delete
 NAME **BENNETT, ROBERT M**
 STREET ADDRESS **3300 E. SUNRISE DRIVE**
 CITY-ST-ZIP **TUCSON AZ**

TITLE **P** Change Addition
 NAME **ROSS, ROBERT**
 STREET ADDRESS **3300 EAST SUNRISE DRIVE**
 CITY-ST-ZIP **TUCSON, AZ**

TITLE **S** Delete
 NAME **MASTERS, TIMMI**
 STREET ADDRESS **3300 E SUNRISE DR**
 CITY-ST-ZIP **TUCSON AZ**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AC** Delete
 NAME **WEST, LOIS R**
 STREET ADDRESS **3300 E. SUNRISE DRIVE**
 CITY-ST-ZIP **TUCSON AZ**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **ROSS, ROBERT**
 STREET ADDRESS **3300 E. SUNRISE DRIVE**
 CITY-ST-ZIP **TUCSON AZ**

TITLE **SR VP** Change Addition
 NAME **WEINBERG, GERALD**
 STREET ADDRESS **3300 EAST SUNRISE DRIVE**
 CITY-ST-ZIP **TUCSON, AZ**

TITLE **T** Delete
 NAME **WRIGHT, VICTOR R**
 STREET ADDRESS **3300 E. SUNRISE DRIVE**
 CITY-ST-ZIP **TUCSON AZ**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** Delete
 NAME **WYNN, ARIEL**
 STREET ADDRESS **3300 E. SUNRISE DRIVE**
 CITY-ST-ZIP **TUCSON AZ**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

Ashlie Warner
 Ashlie Warner
 Assistant Treasurer

1/17/2002

(520) 529-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment 02/17/02 # 809654



Fighting Neuromuscular Diseases

91-7378

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

January 17, 2002

Uniform Business Report Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Ms. Harris:

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

1. Completed 2002 Corporation Annual Report for the Florida Department of State.
2. Check #670690 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
J. Brown
P. Schreiber
M. Hodges

Return Receipt Requested
7099 3220 0005 5778 1724

Enclosure

Enclosure

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Muscular Dystrophy Association

JERRY LEWIS, National Chairman • ROBERT M. BENNETT, President • ROBERT ROSS, Senior Vice President & Executive Director
LOIS R. WEST, Executive Committee Chairman • VICTOR R. WRIGHT, Treasurer • TIMMI MASTERS, Secretary

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

July 13, 2001

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

A-Hadmet

917373

#808684

*Robert M. Bennett
Chairman of the Board

Louis R. Benzak

Leon I. Charash, M.D.

Bart Conner

Harold C. Crump

Joseph S. DiMartino

*David A. Gardner
Vice Chairman of the Executive Committee

R. Rodney Howell, M.D.

Suzanne Lowden

Jim Major

*Timmi Masters
Secretary

Ed McMahon

Olin F. Morris

Sara S. Portnoy, Esq.

Christopher J. Rosa, Ph.D.

*Robert Ross
President

Jeanne Y. Russell

John N. Tognino

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

*Victor R. Wright
Treasurer

OTHER OFFICERS

Gerald C. Weinberg
Senior Vice President

Daniel Bereck
Assistant Treasurer

Ashlie Dee Warner
Assistant Treasurer

Ariel Wynn
Assistant Secretary

Gail Schmertz Kerner, Esq.
Assistant Secretary