

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 808654

1. Entity Name

MUSCULAR DYSTROPHY ASSOCIATION, INC.



FILED
SECRETARY OF STATE
VISION OF CORPORATION

04 JAN 15 PM 12:16

Principal Place of Business

3300 E. SUNRISE DRIVE
TUCSON, AZ 85718

Mailing Address

3300 E. SUNRISE DRIVE
TUCSON, AZ 85718

DO NOT WRITE IN THIS SPACE



61062004 No Chg-NP

CR2E037 (10/03)

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

700027769077
01/29/04--01025--005 **70.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE SV
NAME WEINBERG, GERALD
STREET ADDRESS 3300 EAST SUNRISE DRIVE
CITY-ST-ZIP TUCSON, AZ

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

TITLE AS
NAME KENNEDY, CHRISTINA C
STREET ADDRESS 3300 E. SUNRISE DRIVE
CITY-ST-ZIP TUCSON, AZ

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Bereck

Assistant Treasurer

1/9/04

Date

(520) 529-2000

Daytime Phone #

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

July 11, 2003

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

Stanley H. Appel, M.D.

Jim Major

*Robert M. Bennett
Chairman of the Board

*Timmi Masters
Secretary

Louis R. Benzak

Maureen McGovern

Jann T. Carl

Ed McMahon

Leon I. Charash, M.D.

*Olin F. Morris
Vice Chairman of the Executive Committee

Bart Conner

Christopher J. Rosa, Ph.D.

Harold C. Crump

*Robert Ross
President & CEO

Joseph S. DiMartino

John N. Tognino

R. Rodney Howell, M.D.

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

Suzanne Lowden

*Victor R. Wright
Treasurer

OTHER OFFICERS

Gerald C. Weinberg
Senior Vice President

Daniel Bereck
Assistant Treasurer

Ashlie Dee Warner
Assistant Treasurer

Christina C. Kennedy
Assistant Secretary

Gail Schmertz Kerner, Esq.
Assistant Secretary