2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 808654

Principal Place of Business

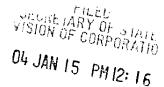
3300 E. SUNRISE DRIVE TUCSON, AZ 85718

MUSCULAR DYSTROPHY ASSOCIATION, INC.



Mailing Address

3300 E. SUNRISE DRIVE TUCSON, AZ 85718





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

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				. •			
8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, o <u>r b</u> 1 01/	ooth, in the State 20002 29/040	of Florida. I am fa F 5 5 0 1025005	miliar with, and accept
Old Without	Signature, typed or printed name of registered agent and title	a if applicable. (NOTE: Registered	i Agent signature	required when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	0. OFFICERS AND DIRECTORS						•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, ROBERT 3300 EAST SUNRISE DRIVE TUCSON, AZ				•		

TITLE MASTERS, TIMMI NAME STREET ADDRESS 3300 E SUNRISE DR CITY-ST-ZIP TUCSON, AZ TITLE NAME WEST, LOIS R STREET ADDRESS 3300 E. SUNRISE DRIVE CITY-ST-ZIP TUCSON, AZ TITLE NAME WEINBERG, GERALD STREET ADDRESS 3300 EAST SUNRISE DRIVE CITY-ST-ZIP TUCSON, AZ TITLE WRIGHT, VICTOR R NAME STREET ADDRESS 3300 E. SUNRISE DRIVE CITY-ST-ZIP TUCSON, AZ TITLE KENNEDY, CHRISTINA C NAME STREET ADDRESS 3300 E. SUNRISE DRIVE CITY-ST-ZIP TUCSON, AZ

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12. I hereby certify that the information supplied with this filling 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 export 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 trusted 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. Daniel Bereck

SIGNATURE:

Assistant Treasurer

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

Leon I. Charash, W.D.

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

*Lois R. West

R. Rodney Howell, M.D.

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