


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90042 030 \*\*\*\*70.00

<b>DOCUMENT # 808654</b> 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
--	--

40012121



01192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-1665552	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, ROBERT 3300 EAST SUNRISE DRIVE TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASTERS, TIMMI 3300 E SUNRISE DR TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC WEST, LOIS R 3300 E. SUNRISE DRIVE TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV WEINBERG, GERALD 3300 EAST SUNRISE DRIVE TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, VICTOR R 3300 E. SUNRISE DRIVE TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KENNEDY, CHRISTINA C 3300 E. SUNRISE DRIVE TUCSON, AZ

**DO NOT WRITE 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:**  **Stephen P. Evans**  
 Assistant Treasurer **1/25/05** **(520) 529-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #