

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808654

FILED
Jan 08, 2008
Secretary of State

Entity Name: MUSCULAR DYSTROPHY ASSOCIATION, INC.

Current Principal Place of Business:

3300 E. SUNRISE DRIVE
TUCSON, AZ 85718

New Principal Place of Business:

Current Mailing Address:

3300 E. SUNRISE DRIVE
TUCSON, AZ 85718

New Mailing Address:

FEI Number: 13-166552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEINBERG, GERALD C
Address: 3300 EAST SUNRISE DRIVE
City-St-Zip: TUCSON, AZ

Title: S () Delete
Name: MASTERS, TIMMI
Address: 3300 E SUNRISE DR
City-St-Zip: TUCSON, AZ

Title: CB () Delete
Name: WEST, LOIS R
Address: 3300 E. SUNRISE DRIVE
City-St-Zip: TUCSON, AZ

Title: SV () Delete
Name: MORGAN, PETE
Address: 3300 EAST SUNRISE DRIVE
City-St-Zip: TUCSON, AZ

Title: T () Delete
Name: LOWDEN, SUZANNE
Address: 3300 E SUNRISE DR
City-St-Zip: TUCSON, AZ 85718

Title: AS () Delete
Name: KENNEDY, CHRISTINA C
Address: 3300 E. SUNRISE DRIVE
City-St-Zip: TUCSON, AZ

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN P. EVANS

AT

01/08/2008

Electronic Signature of Signing Officer or Director

Date