

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808654

FILED  
Mar 19, 2009  
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  
Name:  
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: GERALD C. WEINBERG

CEO

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date