

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02995

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** AMERICAN MASSAGE THERAPY ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

500 DAVIS STREET  
SUITE 900  
EVANSTON, IL 602014695

**New Principal Place of Business:**

**Current Mailing Address:**

500 DAVIS STREET  
SUITE 900  
EVANSTON, IL 602014695

**New Mailing Address:**

**FEI Number:** 62-0968813

**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: IPP  
Name: BRENNAN, M.K.  
Address: 7345 OAKWOOD LANE  
City-St-Zip: CHARLOTTE, NC 28215

Title: P  
Name: STAHL, JUDY  
Address: 143 N. MCCORMICK ST #104  
City-St-Zip: PRESCOTT, AZ 86301

Title: VP  
Name: GREENBURG, WILLIAM  
Address: 500 DAVIS STREET, STE 900  
City-St-Zip: EVANSTON, IL 60201

Title: VP  
Name: GLENATH, MOYLE  
Address: 4931 SW CHESTNUT PL  
City-St-Zip: BEAVERTON, OR 97005

Title: PE  
Name: KATHLEEN, MILLER-READ  
Address: 20141 FOREST PARK DR., NE  
City-St-Zip: SHORELINE, WA 98155

Title: S  
Name: LUCAS, ELIZABETH M  
Address: 500 DAVIS STREET, SUITE 900  
City-St-Zip: EVANSTON, IL 60201

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH M. LUCAS

S

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date