

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808654

FILED
Jan 15, 2015
Secretary of State
CC7667853859

Entity Name: MUSCULAR DYSTROPHY ASSOCIATION, INC.

Current Principal Place of Business:

222 SOUTH RIVERSIDE PLAZA
SUITE 1500
CHICAGO, IL 60606

Current Mailing Address:

3300 E. SUNRISE DRIVE
TUCSON, AZ 85718

FEI Number: 13-1665552

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title SECRETARY
Name MASTERS, TIMMI
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title CHAIRMAN OF THE BOARD
Name HOWELL, M.D., R RODNEY
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name DERKS, STEVEN M
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title TREASURER
Name SCHOOR, ESQ., CHARLIE D
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title CHAIRMAN, EXEC COMMITTEE
Name MORRIS, OLIN F
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title VICE CHAIRMAN, EXEC COMMITTEE
Name ROSA, PH.D., CHRISTOPHER J
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title CHIEF FINANCIAL OFFICER
Name FABER, JULIE
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title ASSISTANT SECRETARY
Name CWIK, M.D., VALERIE A
Address 3300 E. SUNRISE DRIVE
City-State-Zip: TUCSON AZ 85718

Continues on page 2

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: JULIE FABER

**CHIEF FINANCIAL
OFFICER**

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name APPEL, M.D., STANLEY H
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name CRUMP, HAROLD C
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name FARELLA, STEVE
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name HENRY, BRAD THE HONORABLE
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name KUNKEL, PH.D., LOUIS M
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name TOGNINO, JOHN
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name CONNER, BART
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name CUMBO III, BENJAMIN F
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name FRIES, DANIEL G
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name HUTTON, DAVE
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name NAZEMETZ, PATRICIA
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name WRIGHT, VICTOR
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606