

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808654

FILED
Jan 17, 2014
Secretary of State
CC2025168667

Entity Name: MUSCULAR DYSTROPHY ASSOCIATION, INC.

Current Principal Place of Business:

3300 E. SUNRISE DRIVE
TUCSON, AZ 85718

Current Mailing Address:

3300 E. SUNRISE DRIVE
TUCSON, AZ 85718

FEI Number: 13-166552

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	S	Title	CB
Name	MASTERS, TIMMI	Name	HOWELL, R RODNEY MD
Address	3300 E SUNRISE DR	Address	3300 E. SUNRISE DRIVE
City-State-Zip:	TUCSON AZ 85718	City-State-Zip:	TUCSON AZ 85718

Title	AT	Title	PRESIDENT
Name	EVANS, STEPHEN P	Name	DERKS, STEVEN M
Address	3300 E. SUNRISE DRIVE	Address	3300 E. SUNRISE DRIVE
City-State-Zip:	TUCSON AZ 85718	City-State-Zip:	TUCSON AZ 85718

Title TREASURER
Name SCHOOR, CHARLIE D ESQ.
Address 3300 E. SUNRISE DRIVE
City-State-Zip: TUCSON AZ 85718

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: STEPHEN P. EVANS

ASSISTANT TREASURER 01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date