

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808654

**Entity Name:** MUSCULAR DYSTROPHY ASSOCIATION, INC.**Current Principal Place of Business:**222 SOUTH RIVERSIDE PLAZA  
SUITE 1500  
CHICAGO, IL 60606**Current Mailing Address:**6400 E GRANT ROAD  
SUITE 170  
TUCSON, AZ 85715 US**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 SCHOOR, ESQ., CHARLES D  
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 WRIGHT, VICTOR  
Address 222 SOUTH RIVERSIDE PLAZA  
SUITE 1500  
City-State-Zip: CHICAGO IL 60606

Title VICE CHAIRMAN, BOARD OF  
DIRECTORS  
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 6400 E GRANT ROAD  
SUITE 170  
City-State-Zip: TUCSON AZ 85715

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

**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

CFO

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 GOVERNOR  
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 SMITH, MARK  
Address 222 SOUTH RIVERSIDE PLAZA  
SUITE 1500  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name WU, PH.D., LILLIAN  
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 ROWLETT, MIKE  
Address 222 SOUTH RIVERSIDE PLAZA  
SUITE 1500  
City-State-Zip: CHICAGO IL 60606

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