

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808654

**FILED**  
**Jan 29, 2013**  
**Secretary of State**  
**CC8774676528**

**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:** 13-1665552

**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	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   01/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date