

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808654

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
Name	MASTERS, TIMMI
Address	3300 E SUNRISE DR
City-State-Zip:	TUCSON AZ 85718

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

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

Title	PRESIDENT
Name	DERKS, STEVEN M
Address	3300 E. SUNRISE DRIVE
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