

2018 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 PRESIDENT
Name VOS, LYNN O'CONNOR
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 DIRECTOR
Name APPEL, M.D., STANLEY H
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 TREASURER
Name WRIGHT, VICTOR
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 DIRECTOR
Name CUMBO III, BENJAMIN F
Address 222 SOUTH RIVERSIDE PLAZA
SUITE 1500
City-State-Zip: CHICAGO IL 60606

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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

01/08/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 ASSISTANT SECRETARY
Name TIMMINS, PH.D., EILEEN
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

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