2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808654

Entity Name: MUSCULAR DYSTROPHY ASSOCIATION, INC.

FILED Jan 08, 2018 **Secretary of State** CC1207921108

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **SECRETARY** Title CHAIRMAN OF THE BOARD SCHOOR, ESQ., CHARLES D Name Name HOWELL, M.D., R RODNEY 222 SOUTH RIVERSIDE PLAZA Address Address 222 SOUTH RIVERSIDE PLAZA

SUITE 1500

Name

CHICAGO IL 60606 CHICAGO IL 60606 City-State-Zip:

Title **PRESIDENT** Title **TREASURER** VOS, LYNN O'CONNOR WRIGHT, VICTOR Name Name

222 SOUTH RIVERSIDE PLAZA 222 SOUTH RIVERSIDE PLAZA Address Address **SUITE 1500**

SUITE 1500

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

VICE CHAIRMAN, BOARD OF Title Title CHIEF FINANCIAL OFFICER

DIRECTORS

SUITE 1500

ROSA, PH.D., CHRISTOPHER J Name 222 SOUTH RIVERSIDE PLAZA Address

Address 222 SOUTH RIVERSIDE PLAZA **SUITE 1500**

SUITE 1500

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title **DIRECTOR** Title DIRECTOR

CUMBO III, BENJAMIN F Name Name APPEL, M.D., STANLEY H

222 SOUTH RIVERSIDE PLAZA Address Address

222 SOUTH RIVERSIDE PLAZA **SUITE 1500 SUITE 1500**

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

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FABER, JULIE

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.

01/08/2018 **CFO** SIGNATURE: JULIE FABER

Officer/Director Detail Continued:

DIRECTOR Title DIRECTOR Title Name FARELLA, STEVE Name FRIES, DANIEL G

222 SOUTH RIVERSIDE PLAZA Address 222 SOUTH RIVERSIDE PLAZA Address **SUITE 1500**

SUITE 1500

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title DIRECTOR

HENRY, BRAD GOVERNOR Name HUTTON, DAVE Name

Address 222 SOUTH RIVERSIDE PLAZA Address 222 SOUTH RIVERSIDE PLAZA

Title

DIRECTOR

DIRECTOR

SUITE 1500 SUITE 1500

CHICAGO IL 60606 CHICAGO IL 60606 City-State-Zip: City-State-Zip:

Title DIRECTOR Title **DIRECTOR**

KUNKEL, PH.D., LOUIS M Name NAZEMETZ, PATRICIA Name

222 SOUTH RIVERSIDE PLAZA Address 222 SOUTH RIVERSIDE PLAZA Address

SUITE 1500 SUITE 1500

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

DIRECTOR Title **DIRECTOR** Title Name TOGNINO, JOHN Name ROWLETT, MIKE

Address 222 SOUTH RIVERSIDE PLAZA Address 222 SOUTH RIVERSIDE PLAZA

> **SUITE 1500 SUITE 1500**

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title **DIRECTOR** Title **DIRECTOR**

Name SMITH, MARK Name WELKER, KRISTINE

222 SOUTH RIVERSIDE PLAZA 222 SOUTH RIVERSIDE PLAZA Address Address

SUITE 1500 SUITE 1500 CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

WU, PH.D., LILLIAN WOOD, DON Name Name

222 SOUTH RIVERSIDE PLAZA 222 SOUTH RIVERSIDE PLAZA Address Address

Title

SUITE 1500 SUITE 1500

CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606 City-State-Zip:

Title ASSISTANT SECRETARY

Name TIMMINS, PH.D., EILEEN

SUITE 1500

222 SOUTH RIVERSIDE PLAZA

DIRECTOR

City-State-Zip:

Title

Address

City-State-Zip: CHICAGO IL 60606