

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 810108

**Entity Name:** NATIONAL MULTIPLE SCLEROSIS SOCIETY**Current Principal Place of Business:**733 THIRD AVENUE  
3RD FLOOR  
NEW YORK, NY 10017-3288**Current Mailing Address:**733 THIRD AVENUE  
3RD FLOOR  
NEW YORK, NY 10017-3288 US**FEI Number:** 13-5661935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	PRESIDENT
Name	ZZAGIEBOYLO, CYNTHIA
Address	733 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017-3288

Title	TREASURER
Name	PORRINO, PETER
Address	130 TERRA LINDA PLACE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	ALPERT, MINDY
Address	50 HILLPARK AVE APT. 3M
City-State-Zip:	GREAT NECK NY 11021
Title	VICE PRESIDENT FINANCE
Name	WILSON, JAMES
Address	733 THIRD AVENUE 3RD FLOOR
City-State-Zip:	NEW YORK NY 10017-3288

*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:** JAMES WILSONVICE PRESIDENT  
FINANCE

04/26/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date