

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002873

Entity Name: THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION, INC.**Current Principal Place of Business:**1275 K STREET, N.W.
SUITE #1050
WASHINGTON, DC 20005**Current Mailing Address:**310 W 20TH STREET
SUITE 300
KANSAS CITY, MO 64108 US**FEI Number:** 13-3271855**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 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 CHAIRMAN
Name THOET, WILLIAM
Address 1275 K STREET, N.W.
SUITE #1050
City-State-Zip: WASHINGTON DC 20005

Title CFO
Name MITCHELL, GREGORY M
Address 1275 K STREET, N.W.
SUITE #1050
City-State-Zip: WASHINGTON DC 20005

Title SECRETARY
Name DOUG, BUTCHER
Address 1275 K STREET, N.W.
SUITE #1050
City-State-Zip: WASHINGTON DC 20005

Title CHIEF PUBLIC POLICY OFFICER
Name GIBSON, STEVE
Address 1275 K STREET, N.W.
SUITE #1050
City-State-Zip: WASHINGTON DC 20005

Title TREASURER
Name NELSON, WARREN
Address 1275 K STREET, N.W.
SUITE #1050
City-State-Zip: WASHINGTON DC 20005

Title VC
Name BARNETT, LAWRENCE R
Address 1275 K STREET, N.W.
SUITE #1050
City-State-Zip: WASHINGTON DC 20005

Title PRESIDENT & CEO
Name NEWHOUSE, BARBARA
Address 1275 K STREET, N.W.
SUITE #1050
City-State-Zip: WASHINGTON DC 20005

Title CHIEF CARE SERVICES OFFICER
Name MAGINNIS, KIMBERLY
Address 1275 K STREET, N.W.
SUITE #1050
City-State-Zip: WASHINGTON DC 20005

Continues on page 2

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: BARBARA NEWHOUSE**PRESIDENT & CEO****03/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF COMMUNICATIONS & MARKETING
OFFICER
Name MUNK, CARRIE
Address 1275 K STREET, N.W.
SUITE #1050
City-State-Zip: WASHINGTON DC 20005

Title CHIEF CHAPTER RELATIONS &
DEVELOPMENT OFFICER
Name SLAUGHTER, LANCE
Address 1275 K STREET, N.W.
SUITE #1050
City-State-Zip: WASHINGTON DC 20005