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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 808654 (8)

1. Corporation Name

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Principal Place of Business

3300 E. SUNRISE DRIVE
TUCSON AZ 85718

Mailing Address

3300 E. SUNRISE DRIVE
TUCSON AZ 85718



3. Date Incorporated or Qualified

08/22/1951

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WEST, LOIS R
STREET ADDRESS 3300 E. SUNRISE DRIVE
CITY-ST-ZIP TUCSON AZ

1.1 TITLE President
1.2 NAME Robert M. Bennett
1.3 STREET ADDRESS 3300 East Sunrise Drive
1.4 CITY-ST-ZIP Tucson, AZ 85718-3208

TITLE C
NAME SMALL, S. MOUCHLY MD
STREET ADDRESS 3300 E. SUNRISE DRIVE
CITY-ST-ZIP TUCSON AZ

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VC
NAME BENZAK, LOUIS R
STREET ADDRESS 3300 E. SUNRISE DRIVE
CITY-ST-ZIP TUCSON AZ

3.1 TITLE Vice Chairman of the Executive Committee
3.2 NAME Lois R. West
3.3 STREET ADDRESS 3300 East Sunrise Drive
3.4 CITY-ST-ZIP Tucson, AZ 85718-3208

TITLE V
NAME ROSS, ROBERT
STREET ADDRESS 3300 E. SUNRISE DRIVE
CITY-ST-ZIP TUCSON AZ

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME BENNETT, ROBERT M
STREET ADDRESS 3300 E. SUNRISE DRIVE
CITY-ST-ZIP TUCSON AZ

5.1 TITLE Treasurer
5.2 NAME Victor R. Wright
5.3 STREET ADDRESS 3300 East Sunrise Drive
5.4 CITY-ST-ZIP Tucson, AZ 85718-3208

TITLE S
NAME MASTERS, TIMMI
STREET ADDRESS 3300 E. SUNRISE DRIVE
CITY-ST-ZIP TUCSON AZ

6.1 TITLE Assistant Secretary
6.2 NAME Ariel Wynn
6.3 STREET ADDRESS 3300 East Sunrise Drive
6.4 CITY-ST-ZIP Tucson, Arizona 85718-3208

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ariel Wynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

(520) 529-2000

CR2E037 (12/95)