

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808654

FILED
Jan 30, 2012
Secretary of State

Entity Name: MUSCULAR DYSTROPHY ASSOCIATION, INC.

Current Principal Place of Business:

3300 E. SUNRISE DRIVE
TUCSON, AZ 85718

New Principal Place of Business:

Current Mailing Address:

3300 E. SUNRISE DRIVE
TUCSON, AZ 85718

New Mailing Address:

FEI Number: 13-1665552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: CWIK, VALERIE MD
Address: 3300 EAST SUNRISE DRIVE
City-St-Zip: TUCSON, AZ 85718 US

Title: S
Name: MASTERS, TIMMI
Address: 3300 E SUNRISE DR
City-St-Zip: TUCSON, AZ 85718 US

Title: CB
Name: HOWELL, R RODNEY MD
Address: 3300 E. SUNRISE DRIVE
City-St-Zip: TUCSON, AZ 85718 US

Title: COO
Name: MORGAN, PETE
Address: 3300 EAST SUNRISE DRIVE
City-St-Zip: TUCSON, AZ 85718 US

Title: T
Name: LOWDEN, SUZANNE
Address: 3300 E SUNRISE DR
City-St-Zip: TUCSON, AZ 85718 US

Title: AT
Name: EVANS, STEPHEN P
Address: 3300 E. SUNRISE DRIVE
City-St-Zip: TUCSON, AZ 85718 US

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: STEPHEN P EVANS

AT

01/30/2012

Electronic Signature of Signing Officer or Director

Date