

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810108

FILED
Apr 27, 2009
Secretary of State

Entity Name: NATIONAL MULTIPLE SCLEROSIS SOCIETY

Current Principal Place of Business:

733 THIRD AVENUE
C/O SHIRLEY RIVERA
NEW YORK, NY 100173288 US

New Principal Place of Business:

Current Mailing Address:

733 THIRD AVENUE
C/O SHIRLEY RIVERA
NEW YORK, NY 100173288 US

New Mailing Address:

FEI Number: 13-5661935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301 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: C () Delete
Name: WEYMAN, JOHNSON T
Address: 600 PEACHTREET STREET
City-St-Zip: ATLANTA, GA 30308

Title: S () Delete
Name: LYNCH, CRAIG T
Address: 401 SOUTH TRYON STREET
City-St-Zip: CHARLOTTE, NC 28202

Title: T () Delete
Name: MENGEL, RICHARD J
Address: 33 CHESTNUT ST.
City-St-Zip: ROCHESTER, NY 14604

Title: PCEO () Delete
Name: NELSON, JOYCE
Address: 733 THIRD AVE
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: BERNBAUM, BARBARA
Address: 1301 SPRING ST., NO. 23J
City-St-Zip: SEATTLE, WA 981041353

Title: D () Delete
Name: BOGDONOFF, MICHAEL A
Address: 4000 BELL ATLANTIC TOWER
City-St-Zip: PHILADELPHIA, PA 19103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOYCE NELSON

PCEO

04/27/2009

Electronic Signature of Signing Officer or Director

Date