

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90165 008 ****70.00

DOCUMENT # F93000002873

1. Entity Name

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION, I



DO NOT WRITE IN THIS SPACE

Principal Place of Business 27001 AGOURA RD SUITE #150 CALABSSAS HILLS CA 91301 US	Mailing Address 27001 AGOURA RD SUITE #150 CALABSSAS HILLS CA 91301-5104 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Calabasas Hills, CA	City & State Calabasas Hills, CA	4. FEI Number 13-3271855	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MOSKOWITZ, LILLIAN
THE ALS ASSOCIATION - SOUTHERN FLORIDA
1020 COUNTRY CLUB DR., #P-107
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name: N/A
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL Zip Code:

8. 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: N/A
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HAVLICEK, MICHAEL W 21021 VENTURA BLVD, SUITE 321 WOODLAND HILLS CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 27001 Agoura Road, Suite 150 Calabasas Hills, CA 91301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF GAJ, CRAIG D 21021 VENTURA BLVD, SUITE 321 WOODLAND HILLS CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 27001 Agoura Road, Suite 150 Calabasas Hills, CA 91301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO BENJAMIN S OHRENSTEIN ESQ CPA 354 W LANCASTER AVE, SUITE 212 HAVERFORD PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCS LOWLAND, DEE DEE 21021 VENTURA BLVD, SUITE 321 WOODLAND HILLS CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 27001 Agoura Road, Suite 150 Calabasas Hills, CA 91301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEXANDER, DARA 1405 VENTATA DRIVE RUSKIN FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROSS, STEVEN L 601 SECOND AVENUE SOUTH, 4200 1ST BANK PL MINNEAPOLIS MN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. HAVLICEK Date: 4/26/00 (818) 880-9007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)