

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90095 021 ****70.00

DOCUMENT # F93000002873

1. Entity Name

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION, I NC.

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
 US

2. Principal Place of Business

same as above

Suite, Apt. #, etc.

3. Mailing Address

same as above

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3271855

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO HAVLICEK, MICHAEL W 27001 AGOURA RD., STE 150 CALABASAS HILLS CA 91301-5104 <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 | VPF GAJ, CRAIG D 27001 AGOURA RD., STE 150 CALABASAS HILLS CA 91301-5104 <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 | 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 27001 AGOURA RD., STE 150 CALABASAS HILLS CA 91301-5104 <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 | 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 checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. Havlicek, Pres. & CEO 4/24/02 (818)880-9007

Date

Daytime Phone #

x214

CR2E037 (9/01)