

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 04, 2007
Secretary of State**

DOCUMENT# F93000002873

Entity Name: THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION, INC.

Current Principal Place of Business:

27001 AGOURA RD
SUITE #150
CALABSSAS HILLS, CA 91301 US

New Principal Place of Business:

Current Mailing Address:

27001 AGOURA RD
SUITE #150
CALABSSAS HILLS, CA 91301 US

New Mailing Address:

FEI Number: 13-3271855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALEXANDER, DARA
THE ALS ASSOCIATION - FLORIDA CHAPTER
5005 W. LAUREL ST., STE. 110
TAMPA, FL 33607 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: DARA ALEXANDER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: LEO, GARY A
Address: 27001 AGOURA RD., STE 150
City-St-Zip: CALABASAS HILLS, CA 913015104

Title: DIR () Delete
Name: GAJ, CRAIG D
Address: 27001 AGOURA RD., STE 150
City-St-Zip: CALABASAS HILLS, CA 913015104

Title: TCFO () Delete
Name: BENJAMIN S OHRENSTEI, N ESQ CPA
Address: 354 W LANCASTER AVE, SUITE 212
City-St-Zip: HAVERFORD, PA

Title: VPOA () Delete
Name: SCHECK, SONDRRA
Address: 27001 AGOURA RD., STE 150
City-St-Zip: CALABASAS HILLS, CA 913015104

Title: S () Delete
Name: WINSTON, LAURAL
Address: 37473 SKY LIGHT ROAD
City-St-Zip: PALM DESERT, CA 92211

Title: C () Delete
Name: FINKELSTEIN, ALLEN L ESQ
Address: 360 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: APPLGATE, JOHN W
Address: 27001 AGOURA RD., STE 150
City-St-Zip: CALABASAS HILLS, CA 913015104

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

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

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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: ROSETTE L. ABAD

DIR

10/04/2007

Electronic Signature of Signing Officer or Director

Date