

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90385 029 ****70.00

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **13-3271855**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 **Dara Alexander**
Street Address (P.O. Box Number is Not Acceptable)
**The ALS Association-Florida Chapter
5005 W. Laurel St., Suite 110**
City **Tampa** FL Zip Code **33607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dara Alexander* **Dara Alexander** DATE **4-18-03**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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	VFP GAJ, CRAIG D 27001 AGOURA RD., STE 150 CALABASAS HILLS CA 91301-5104 <input type="checkbox"/> Delete
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	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	S ALEXANDER, DARA 1405 VENTATA DRIVE RUSKIN FL 33573 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BJORSETH, ROBERT J 10601 LACKMAN ROAD LENEXA KS 66219 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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* **Michael W. Havlicek, President & CEO** DATE **4/22/03**

CR2E037 (10/02)