

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02995

FILED
Apr 24, 2008
Secretary of State

Entity Name: AMERICAN MASSAGE THERAPY ASSOCIATION, INCORPORATED

Current Principal Place of Business:

500 DAVIS STREET
SUITE 900
EVANSTON, IL 602014695

New Principal Place of Business:

Current Mailing Address:

500 DAVIS ST
SUITE 900
EVANSTON, IL 602014695

New Mailing Address:

FEI Number: 62-0968813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: BRAUN, MARY BETH
Address: 819 E. 64TH STREET
City-St-Zip: INDIANAPOLIS, IN 46220

Title: D () Delete
Name: GUPTHA, LEENA
Address: 4329 EASTON AVENUE
City-St-Zip: BETHLEHEM, PA 18020

Title: VP () Delete
Name: GREENBURG, WILLIAM
Address: 500 DAVIS STREET, STE 900
City-St-Zip: EVANSTON, IL 60201

Title: D () Delete
Name: FREEMAN, LAUREL
Address: 2622 NW 43RD STREET, SUITE C1
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: BRENNAN, M.K.
Address: 7345 OAKWOOD LANE
City-St-Zip: CHARLOTTE, NC 282153621

Title: S () Delete
Name: LUCAS, ELIZABETH M
Address: 500 DAVIS STREET, SUITE 900
City-St-Zip: EVANSTON, IL 60201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRENNAN, M.K.
Address: 7345 OAKWOOD LANE
City-St-Zip: CHARLOTTE, NC 28215

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

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

Title: D (X) Change () Addition
Name: JUDY, STAHL
Address: 143 N. MCCORMICK ST., #104
City-St-Zip: PRESCOTT, AZ 86301

Title: VP (X) Change () Addition
Name: KATHLEEN, MILLER-READ
Address: 20141 FOREST PARK DR., NE
City-St-Zip: SHORELINE, WA 98155

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: ELIZABETH M. LUCAS

S

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date