

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02995

FILED
Jan 06, 2010
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 STREET
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: IPP
Name: BRENNAN, M.K.
Address: 7345 OAKWOOD LANE
City-St-Zip: CHARLOTTE, NC 28215

Title: P
Name: STAHL, JUDY
Address: 143 N. MCCORMICK ST #104
City-St-Zip: PRESCOTT, AZ 86301

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

Title: VP
Name: GLENATH, MOYLE
Address: 4931 SW CHESTNUT PL
City-St-Zip: BEAVERTON, OR 97005

Title: PE
Name: KATHLEEN, MILLER-READ
Address: 20141 FOREST PARK DR., NE
City-St-Zip: SHORELINE, WA 98155

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

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH M. LUCAS

S

01/06/2010

Electronic Signature of Signing Officer or Director

_____ Date