

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808654

**Entity Name:** MUSCULAR DYSTROPHY ASSOCIATION, INC.

**FILED**  
**Apr 22, 2022**  
**Secretary of State**  
**6938022060CC**

**Current Principal Place of Business:**

C/O ADRIAN BAHENA  
161 NORTH CLARK STREET SUITE 3550  
CHICAGO, IL 60601

**Current Mailing Address:**

C/O ADRIAN BAHENA  
161 NORTH CLARK STREET SUITE 3550  
CHICAGO, IL 60601 US

**FEI Number: 13-1665552**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NORTHWEST REGISTERED AGENT, LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 US

*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

**Officer/Director Detail :**

Title CHIEF EXECUTIVE OFFICER AND PRESIDENT  
Name WOOD, DONALD S. DR.  
Address C/O ADRIAN BAHENA  
161 NORTH CLARK STREET SUITE 3550  
City-State-Zip: CHICAGO IL 60601

Title CHIEF FINANCIAL OFFICER AND TREASURER  
Name KENNEDY, MICHAEL J  
Address C/O ADRIAN BAHENA  
161 NORTH CLARK STREET SUITE 3550  
City-State-Zip: CHICAGO IL 60601

Title CHAIRMAN  
Name FARELLA, STEVE  
Address C/O ADRIAN BAHENA  
161 NORTH CLARK STREET SUITE 3550  
City-State-Zip: CHICAGO IL 60601

Title CHIEF OF STAFF  
Name WELKER, KRISTINE  
Address C/O ADRIAN BAHENA  
161 NORTH CLARK STREET SUITE 3550  
City-State-Zip: CHICAGO IL 60601

*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: MICHAEL J. KENNEDY**

**TREASURER**

**04/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date