2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002873

Entity Name: THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION, INC.

FILED Mar 29, 2016 Secretary of State CC7667884486

Current Principal Place of Business:

1275 K STREET, N.W.

SUITE #250

WASHINGTON, DC 20005

Current Mailing Address:

310 W 20TH STREET SUITE 300

KANSAS CITY, MO 64108 US

FEI Number: 13-3271855 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E

PALM BEACH GARDENS, FL 33410 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 **CHAIRMAN** Title **TREASURER** Name THOET, WILLIAM Name NELSON, WARREN Address 1275 K STREET, N.W. Address 1275 K STREET, N.W.

SUITE #250

City-State-Zip: WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005

Title **CFO** Title VC

Name MITCHELL, GREGORY M Name DOUG, BUTCHER Address 1275 K STREET, N.W. Address 1275 K STREET, N.W. **SUITE #250**

SUITE #250

City-State-Zip: WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005

Title PRESIDENT & CEO Title CHIEF PUBLIC POLICY OFFICER

NEWHOUSE, BARBARA GIBSON, STEVE Name Name

Address 1275 K STREET, N.W. Address 1275 K STREET, N.W.

SUITE #250 SUITE #250

City-State-Zip: WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005

CHIEF CARE SERVICES OFFICER Title Title CHIEF COMMUNICATIONS & MARKETING OFFICER

Name MAGINNIS, KIMBERLY Name MUNK, CARRIE

Address 1275 K STREET, N.W.

Address 1275 K STREET, N.W. **SUITE #250 SUITE #250**

WASHINGTON DC 20005 City-State-Zip: City-State-Zip: WASHINGTON DC 20005

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SUITE #250

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.

03/29/2016 SIGNATURE: BARBARA NEWHOUSE PRESIDENT/CEO

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

CHIEF CHAPTER RELATIONS & DEVELOPMENT OFFICER Title

SLAUGHTER, LANCE Name

1275 K STREET, N.W. Address

SUITE #250

City-State-Zip: WASHINGTON DC 20005

SECRETARY Title

Name MINK, KIM ANN

Address 1275 K STREET, N.W.

SUITE #250

City-State-Zip: WASHINGTON DC 20005