

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000002873

**FILED**  
**Mar 15, 2021**  
**Secretary of State**  
**8322736780CC**

**Entity Name:** THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION, INC.

**Current Principal Place of Business:**

1300 WILSON BLVD  
SUITE 600  
ARLINGTON, VA 22209

**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.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 ASSOCIATION TRUSTEE  
Name NELSON, WARREN  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title CFO  
Name MITCHELL, GREGORY M  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title CEO, PRESIDENT  
Name BALAS, CALANEET  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name ARNOLD, MILLIE  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name CARROLL, TOM  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name DEGRANDIS, FRED M  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TREASURER  
Name HOUSTON, CONNIE  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name KAUFFMAN, SCOTT  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

**Continues on page 2**

*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: CALANEET BALAS**

**PRESIDENT AND CEO**

**03/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSOCIATION TRUSTEE  
Name KOLARCIK, PHD, CHRISTI L  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name LIBBY, LOU  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION SECRETARY  
Name WARD, CAMERON  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name BRANDON, EUGENE PH.D  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name SCHRIBER, WENDY J  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title CHIEF OPERATIONS OFFICER  
Name ZEFF, TINA  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name GARY, KEITH  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name KUCHARSKI, TOBY  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION CHAIR  
Name GORMAN, SUE  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name FALIVENA, LARRY

Title ASSOCIATION TRUSTEE  
Name KRAVE, JOHN P  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name PRATT, D.M.D., JUDY  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name STANCIL, MARK  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name CHARLIES, ROBINSON J  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION VICE-CHAIR  
Name CALMES, MARK  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title CHIEF MISSION OFFICER  
Name THAKUR, NEIL  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name GOOCH, CLIFTON (CLIFF)  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name MAY, TOMMY  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name ANDREWS, JINSY  
Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name MENKHAUS, KENNETH

Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name SPINELLA, KEVIN

Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name VAN DE RIET, DAVIE

Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE  
Name THOET, WILLIAM

Address 1300 WILSON BLVD  
SUITE 600  
City-State-Zip: ARLINGTON VA 22209