

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002873

Entity Name: THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION, INC.

FILED
Jan 24, 2022
Secretary of State
4556703238CC

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 VICE-CHAIR
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 CHAIR-ELECT
Name KAUFFMAN, SCOTT
Address 1300 WILSON BLVD
SUITE 600
City-State-Zip: ARLINGTON VA 22209

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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

01/24/2022

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 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 TRUSTEE
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 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 VAN DE RIET, DAVIE

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

Title ASSOCIATION SECRETARY
Name GARY, KEITH
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 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
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 INGHLT, PAUL

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

Title ASSOCIATION TRUSTEE
Name LEAMOND, NANCY

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

Title ASSOCIATION TRUSTEE
Name ROBINSON, JOHN

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 PIERSOL, SANDRA (SANDY)

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