

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002873

FILED
Feb 09, 2024
Secretary of State
5219492734CC

Entity Name: THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION, INC.

Current Principal Place of Business:

1300 WILSON BLVD
SUITE 600
ARLINGTON, VA 22209

Current Mailing Address:

1300 WILSON BOULEVARD, SUITE 600
ARLINGTON, VA 22209 US

FEI Number: 13-3271855

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 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 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 TRUSTEE
Name HOUSTON, CONNIE
Address 1300 WILSON BLVD
SUITE 600
City-State-Zip: ARLINGTON VA 22209

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

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

Title ASSOCIATION SECRETARY
Name PIERSOL, SANDRA (SANDY)
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 AND CEO

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASSOCIATION TRUSTEE
Name VAN DE RIET, DAVID
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 CHIEF MARKETING & INFORMATION OFFICER
Name FEENER, DEAN
Address 1300 WILSON BLVD
SUITE 600
City-State-Zip: ARLINGTON VA 22209

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

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

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

Title ASSOCIATION TRUSTEE
Name TONNIGES, CHRIS
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 CHIEF MISSION OFFICER
Name THAKUR, NEIL
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 INGHOLT, PAUL
Address 1300 WILSON BLVD
SUITE 600
City-State-Zip: ARLINGTON VA 22209

Title CHIEF PEOPLE OFFICER
Name CRUZ, MONICA SANTA
Address 1300 WILSON BLVD
SUITE 600
City-State-Zip: ARLINGTON VA 22209

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

Title ASSOCIATION TRUSTEE
Name BOWMAN, ANNETTE R
Address 1300 WILSON BLVD, SUITE 600
City-State-Zip: ARLINGTON VA 22209

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

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

Title ASSOCIATION TRUSTEE
Name VAN HARTEN, KENTON
Address 1300 WILSON BLVD, SUITE 600
City-State-Zip: ARLINGTON VA 22209

Title ASSOCIATION TRUSTEE

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

Name ZIPPRICH, BERNARD (BERNIE)
Address 1300 WILSON BLVD, SUITE 600
City-State-Zip: ARLINGTON VA 22209