

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002873

FILED
Jan 17, 2014
Secretary of State
CC0032387114

Entity Name: THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION, INC.

Current Principal Place of Business:

1275 K STREET, N.W.
SUITE #1050
WASHINGTON, DC 20005

Current Mailing Address:

27001 AGOURA RD
SUITE #250
CALABSSAS HILLS, CA 91301-5104 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 PCEO
Name GILBERT, JANE H
Address 1275 K STREET. N.W., SUITE 1050
City-State-Zip: WASHINGTON DC 20005

Title CH
Name THOET, WILLIAM
Address 911 MAIN STREET, SUITE 2000
City-State-Zip: KANSAS CITY MO 64105

Title T
Name LEON, LUIS E
Address 46 BRASSIE DRIVE
City-State-Zip: SAPPHERE NC 28774

Title CFO
Name REZNIKOV, DANIEL M
Address 1275 K STREET N.W., SUITE 1050
City-State-Zip: WASHINGTON DC 20005

Title VC
Name BARNETT, LAWRENCE R
Address 13200 WOODLAND PARK ROAD
City-State-Zip: HERNDON VA 20171

Title S
Name DOUG, BUTCHER
Address 6060 DUTCHMANS LANE, SUITE 100
City-State-Zip: LOUISVILLE KY 40205

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: WILLIAM THOET

CHAIRMAN

01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date