

1.) CORPORATION NAME:

**MULTIPLE SCLEROSIS FOUNDATION, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
NATIONAL REGISTERED AGENTS INC  
201 N. UNION ST. STE 140  
ALEXANDRIA, VA 22314**

DUE DATE: **1/31/2011**

SCC ID NO: **F1062787**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6520 N ANDREWS AVE

CITY/ST/ZIP: FT LAUDERDALE, FL 33309-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ERIC SCHENCK  
TITLE: PRESIDENT  
ADDRESS: 5900 PARRETTA DRIVE  
CITY/ST/ZIP/CO: KANSAS CITY, MO 64120-

OFFICER

DIRECTOR

NAME: CHARLES EADER  
TITLE: TREASURER  
ADDRESS: 4 WILDFLOWER LN  
CITY/ST/ZIP/CO: BEDMINSTER, NJ 07921-

OFFICER

DIRECTOR

NAME: DR TRACI SEIDMAN  
TITLE: DIRECTOR  
ADDRESS: 7800 N OAKLAND PARK BLVD  
#102  
CITY/ST/ZIP/CO: SUNRISE, FL 33351-

OFFICER

DIRECTOR

NAME: JOHN BLACKSTOCK  
TITLE: SECRETARY  
ADDRESS: 1365 TIMOTHY RIDGE  
CITY/ST/ZIP/CO: ST CHARLES, MO 63304-

OFFICER

DIRECTOR

NAME: MICHAEL AUSTIN  
TITLE: VICE PRESIDENT  
ADDRESS: 5133 E. MICHELLE DRIVE  
CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85254-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY STEIN DIRECTOR 495 BEACHSIDE DRIVE WESTERVILLE, OH 43081-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM M SHEEHAN DIRECTOR 641 N. WASHINGTON STREET HINSDALE, IL 60521-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. DAVID SQUILLACOTE DIRECTOR 1 SPRUCE PLACE GLEN ROCK, NJ 07452-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN R SEGALOFF CFO 6520 N. ANDREWS AVE FORT LAUDERDALE, FL 33309-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ALAN R SEGALOFF	ALAN R SEGALOFF, CFO	12/16/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.