

1.) CORPORATION NAME:

MULTIPLE SCLEROSIS FOUNDATION, INC.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1062787**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5900 PARRETTA DRIVE		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64120		

NAME:	CHARLES EADER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	4 WILDFLOWER LN		
CITY/ST/ZIP/CO:	BEDMINSTER, NJ 07921		

NAME:	JOHN BLACKSTOCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1365 TIMOTHY RIDGE		
CITY/ST/ZIP/CO:	ST CHARLES, MO 63304		

NAME:	ALAN R SEGALOFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	6520 N. ANDREWS AVE		
CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33309		

NAME:	WILLIAM M SHEEHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	641 N. WASHINGTON STREET		
CITY/ST/ZIP/CO:	HINSDALE, IL 60521		

NAME:	DR. DAVID SQUILLACOTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 SPRUCE PLACE		
CITY/ST/ZIP/CO:	GLEN ROCK, NJ 07452		

NAME: GREGORY STEIN TITLE: DIRECTOR ADDRESS: 495 BEACHSIDE DRIVE CITY/ST/ZIP/CO: WESTERVILLE, OH 43081	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Mark Shalloway TITLE: DIRECTOR ADDRESS: 1400 Centrepark Blvd., Suite 700 CITY/ST/ZIP/CO: West Palm Beach, FL 33401	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Elaine J LaFlamme TITLE: DIRECTOR ADDRESS: 3521 SW 117th Ave CITY/ST/ZIP/CO: Davie, FL 33330	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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	12/17/2012
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.		