

1.) CORPORATION NAME:

**MULTIPLE SCLEROSIS FOUNDATION, INC.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1062787**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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:	ELAINE J LAFLAMME	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3521 SW 117TH AVE		
CITY/ST/ZIP/CO:	DAVIE, FL 33330		
NAME:	MARK SHALLOWAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1400 CENTREPARK BLVD., SUITE 700		
CITY/ST/ZIP/CO:	WEST PALM BEACH, FL 33401		

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
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
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
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALAN R SEGALOFF, CFO PRINTED NAME AND CORPORATE TITLE	12/9/2013 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.			