

1.) CORPORATION NAME:

Spina Bifida Association of America, Inc.

DUE DATE: **4/30/2011**

SCC ID NO: **F1823337**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4590 MACARTHUR BLVD NW STE 250

CITY/ST/ZIP: WASHINGTON, DC 20007-

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: BRIAN PACKARD
TITLE: SEC/TRES
ADDRESS: 178 HAY MEADOW RD
CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845-

OFFICER DIRECTOR

NAME: JOYCE JONES
TITLE: PAST CHAIR
ADDRESS: 6353 CALAIS DR
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46220-

OFFICER DIRECTOR

NAME: GEORGE STURM
TITLE: TREASURER
ADDRESS: 17325 LIME KILN ROAD
CITY/ST/ZIP/CO: CRESCENT, IA 51526-

OFFICER DIRECTOR

NAME: ANA XIMINES
TITLE: CHAIR - ELECT
ADDRESS: 1527 GLADE GULCH ROAD
CITY/ST/ZIP/CO: CASTLE ROCK, CO 80104-

OFFICER DIRECTOR

NAME: ANGELA COSBY
TITLE: DIRECTOR
ADDRESS: 58 COTTNER DRIVE
CITY/ST/ZIP/CO: COUNCIL BLUFFS, IA 51503-

OFFICER DIRECTOR

NAME: MEGAN SORENSEN TITLE: DIRECTOR ADDRESS: 1116 ROSTREVOR CIRCLE CITY/ST/ZIP/CO: LOUISVILLE, KY 40205-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONNA JONES TITLE: DIRECTOR ADDRESS: 601 PENNSYLVANIA AVENUE, NE, #404 CITY/ST/ZIP/CO: WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER MALONE TITLE: DIRECTOR ADDRESS: 2533 RAVEN ROAD CITY/ST/ZIP/CO: WILMINGTON, DE 19810-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KERRI MCMAINS TITLE: DIRECTOR ADDRESS: 125 EASTERN PARKWAY CITY/ST/ZIP/CO: BROOKLYN, NY 11238-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM D MILLIGAN, JR. TITLE: DIRECTOR ADDRESS: ELEVEN MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM O. WALKER, JR. TITLE: DIRECTOR ADDRESS: 4800 SAND POINT WAY, NE CITY/ST/ZIP/CO: SEATTLE, WA 98105-0370	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE YINDRA TITLE: DIRECTOR ADDRESS: 126 HOFSTRA UNIVERSITY CITY/ST/ZIP/CO: HEMPSTEAD, NY 11549-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONNA ZAHRA TITLE: DIRECTOR ADDRESS: 807 CHILDREN'S WAY CITY/ST/ZIP/CO: JACKSONVILLE, FL 32207-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CINDY BROWNSTEIN TITLE: PRESIDENT ADDRESS: 4590 MACARTHUR BLVD., NW, SUITE 250 CITY/ST/ZIP/CO: WASHINGTON, DC 20007-	<input checked="" type="checkbox"/> OFFICER <input 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/ CINDY BROWNSTEIN	CINDY BROWNSTEIN, PRESIDENT	3/3/2011
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.