

1.) CORPORATION NAME:

**Spina Bifida Association of America, Inc.**

DUE DATE: **4/30/2012**

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:	CINDY BROWNSTEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4590 MACARTHUR BLVD., NW, SUITE 250		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20007-		

NAME:	ANGELA COSBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	58 COTTNER DRIVE		
CITY/ST/ZIP/CO:	COUNCIL BLUFFS, IA 51503-		

NAME:	DONNA JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 PENNSYLVANIA AVENUE, NE, #404		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004-		

NAME:	KERRI MCMAINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	125 EASTERN PARKWAY		
CITY/ST/ZIP/CO:	BROOKLYN, NY 11238-		

NAME:	MEGAN SORENSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1116 ROSTREVOR CIRCLE		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40205-		

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: GEORGE STURM TITLE: CHAIR ADDRESS: 17325 LIME KILN ROAD CITY/ST/ZIP/CO: CRESCENT, IA 51526-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANA XIMINES TITLE: DIRECTOR ADDRESS: 1527 GLADE GULCH ROAD CITY/ST/ZIP/CO: CASTLE ROCK, CO 80104-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOYCE JONES TITLE: PRESIDENT ADDRESS: 6353 CALAIS DR CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46220-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM D MILLIGAN, JR. TITLE: SECRETARY/TREAS ADDRESS: ELEVEN MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10010-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILSON NEYLAND TITLE: DIRECTOR ADDRESS: 716 WAVERLY LANE CITY/ST/ZIP/CO: COPPELL, TX 75019-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH MARTIN TITLE: CONTROLLER ADDRESS: 4590 MACARTHUR BLVD., SUITE 250 CITY/ST/ZIP/CO: WASHINGTON, VA 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/ JOSEPH MARTIN	JOSEPH MARTIN, CONTROLLER	3/13/2012
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.