

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1823337**

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

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:

**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:	ANA XIMINES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1527 GLADE GULCH ROAD		
CITY/ST/ZIP/CO:	CASTLE ROCK, CO 80104		
NAME:	JOSEPH MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	4590 MACARTHUR BLVD., SUITE 250		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20007		
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:	DAVID B. JOSEPH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 7TH AVENUE, SOUTH, SUITE 318		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35233-1711		
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:	WILSON NEYLAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Sec/Treasurer		
ADDRESS:	716 WAVERLY LANE		
CITY/ST/ZIP/CO:	COPPELL, TX 75019		

NAME: PAULA PETERSON TITLE: DIRECTOR ADDRESS: 100 MARIO CAPECCI DR CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Megan Sorensen TITLE: Chair - Elect ADDRESS: 58 Cottner Drive CITY/ST/ZIP/CO: Council Bluffs, IA 51503	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sara Struwe TITLE: President Int. ADDRESS: 4590 MacArthur Blvd., NW Suite 250 CITY/ST/ZIP/CO: Washington, DC 20007	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lee Segal, MD TITLE: DIRECTOR ADDRESS: 4590 MacArthur Blvd., NW Suite 250 CITY/ST/ZIP/CO: Washinton, DC 20007	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: George Sturm TITLE: DIRECTOR ADDRESS: 17325 Lime Kiln Road CITY/ST/ZIP/CO: Crescent, IA 51526	<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/ JOSEPH MARTIN	JOSEPH MARTIN, CONTROLLER	2/19/2014
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.		