2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004
Secretary of State

DOCUMENT# F03000002675

Entity Name: MOUNTAIN STATE UNIVERSITY, INC.

Current Principal Place of Business:

609 SOUTH KANAWHA STREET
BECKLEY, WV 25801

New Principal Place of Business:

Current Mailing Address:

PO BOX 9003
BECKLEY, WV 258029003

New Mailing Address:

FEI Number: 55-0370128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONAM, MATTHEW W
8733 BRISTOL PARK DRIVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	POLK, CHARLES H DR.	
Address:	609 SOUTH KANAWHA STREET	
City-St-Zip:	BECKLEY, WV 25801	
Title:	V	( ) Delete
Name:	SILOSKY, JAMES	
Address:	609 SOUTH KANAWHA STREET	
City-St-Zip:	BECKLEY, WV 25801	
Title:	S	( ) Delete
Name:	ALEXANDER, CYNTHIA D	
Address:	609 SOUTH KANAWHA STREET	
City-St-Zip:	BECKLEY, WV 25801	
Title:	T	( ) Delete
Name:	MILLER, SUSAN DR.	
Address:	609 SOUTH KANAWHA STREET	
City-St-Zip:	BECKLEY, WV 25801	
Title:	C	( ) Delete
Name:	WISEMAN, MONA	
Address:	609 SOUTH KANAWHA STREET	
City-St-Zip:	BECKLEY, WV 25801	
Title:	VC	( ) Delete
Name:	HEDRICK, JOHN	
Address:	109 MACTAGGART DRIVE	
City-St-Zip:	BECKLEY, WV 25801	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SARRETT, MICHELE D	
Address:	609 SOUTH KANAWHA STREET	
City-St-Zip:	BECKLEY, WV 25801	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE SARRETT T 08/24/2004

Electronic Signature of Signing Officer or Director — Date