2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2005 OCT 11 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000002675

1. Entity Name
MOUNTAIN STATE UNIVERSITY, INC.

Principal Place of Business	Mailing Address
609 SOUTH KANAWHA STREET BECKLEY, WV 25801	PO BOX 9003 BECKLEY, WV 25802-9003

09162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0370128
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by October 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POLK, CHARLES H DR.
STREET ADDRESS	609 SOUTH KANAWHA STREET
CITY-ST-ZIP	BECKLEY, WV 25801
TITLE	V
NAME	SILOSKY, JAMES
STREET ADDRESS	609 SOUTH KANAWHA STREET
CITY-ST-ZIP	BECKLEY, WV 25801
TITLE	S
NAME	ALEXANDER, CYNTHIA D
STREET ADDRESS	609 SOUTH KANAWHA STREET
CITY-ST-ZIP	BECKLEY, WV 25801
TITLE	T
NAME	SARRETT, MICHELE D
STREET ADDRESS	609 SOUTH KANAWHA STREET
CITY-ST-ZIP	BECKLEY, WV 25801
TITLE	C
NAME	WISEMAN, MONA
STREET ADDRESS	609 SOUTH KANAWHA STREET
CITY-ST-ZIP	BECKLEY, WV 25801
TITLE	VC
NAME	HEDRICK, JOHN
STREET ADDRESS	109 MACTAGGART DRIVE
CITY-ST-ZIP	BECKLEY, WV 25801

600060497166
10/11/05--01055--008 **70.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michele Sarrett 9/30/05 304-929-1453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #