




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90129 046 ****61.25

DOCUMENT # F03000002675

1. Entity Name
MOUNTAIN STATE UNIVERSITY, INC.



40081976

Principal Place of Business
**609 SOUTH KANAWHA STREET
 BECKLEY, WV 25801**

Mailing Address
**PO BOX 9003
 BECKLEY, WV 25802-9003**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01172008 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent
 Name
Randall M. White
 Street Address (P.O. Box Number is Not Acceptable)
151 S Wymore Road Suite 200
 City
Altamonte Springs FL Zip Code
32714

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.

Randall M. White
 SIGNATURE Executive Director *Randall M White* 3/21/08
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 May 1, 2008**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P POLK, CHARLES H DR. 609 SOUTH KANAWHA STREET BECKLEY, WV 25801 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SILOSKY, JAMES 609 SOUTH KANAWHA STREET BECKLEY, WV 25801 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALEXANDER, CYNTHIA D 609 SOUTH KANAWHA STREET BECKLEY, WV 25801 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SARRETT, MICHELE D 609 SOUTH KANAWHA STREET BECKLEY, WV 25801 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C WISEMAN, MONA 609 SOUTH KANAWHA STREET BECKLEY, WV 25801 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC ICE, JERRY T DR. 609 SOUTH KANAWHA STREET BECKLEY, WV 25801 <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Michele D. Sarrett
 SIGNATURE: VP of Finance/CEO *Michele D Sarrett* 4/2/08 (304) 929-1453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #