

**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: 609 SOUTH KANAWHA STREET, BECKLEY, WV 25801  
Mailing Address: PO BOX 9003, BECKLEY, WV 25802-9003

**DO NOT WRITE IN THIS SPACE**



09162005 No Chg-NP CR2E037 (10/03)

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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	<p>600060497166 10/11/05--01055--008 **70.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Michelle Sarrett* 9/30/05 304-929-1453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #