


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000002675**  
 1. Entity Name  
**MOUNTAIN STATE UNIVERSITY, INC.**



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

**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>55-0370128</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

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

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 07/10/07-80019-012 70.00

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.

SIGNATURE:       Date: **8/3/07**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR