

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002675

FILED
May 28, 2009
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITE, RANDALL M
151 S WYMORE RD STE 200
ALTAMONTE SPRINGS, FL 32714 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: SARRETT, MICHELE D
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: ICE, JERRY T DR.
Address: 609 SOUTH KANAWHA STREET
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: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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 D. SARRETT

Electronic Signature of Signing Officer or Director

CFO

05/28/2009

_____ Date