

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jun 29, 1999 8:00 am**  
**Secretary of State**

06-29-1999 90009 035 \*\*\*550.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # M33783**

1. Corporation Name  
**MSU CORPORATION**



Principal Place of Business: ELDER HOUSE, 526-528 ELDER GATE, MILTON KEYNES MK9 1LR U.K. US  
 Mailing Address: ~~C/O PHOENIX WALTERS, 48 TUE PARADE, CARDIFF CF2 9AD U.K.~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21  
 Suite, Apt. #: 22  
 City & State: 23  
 Zip: 24, Country: 25  
 2a. Mailing Address: 26  
 Suite, Apt. #: 27  
 City & State: 28  
 Zip: 29, Country: 30

3. Date Incorporated or Qualified: 06/17/1986  
 4. FEI Number: 22-2748288  
 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent  
**UNITED CORPORATE SERVICES, INC.**  
 801 NORTHEAST 167TH STREET  
 SUITE 300  
 N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | CEOD                         | <input type="checkbox"/> DELETE |
| NAME           | HOLLOWAY, WYNFORD P          |                                 |
| STREET ADDRESS | THURLESTONES, BACKSIDE LANE  |                                 |
| CITY-ST-ZIP    | SIBFORD GOWER OXON           |                                 |
| TITLE          | SD                           | <input type="checkbox"/> DELETE |
| NAME           | SNOWDON, WILLIAM D           |                                 |
| STREET ADDRESS | CREIGAN                      |                                 |
| CITY-ST-ZIP    | CARDIFF UK CF4 8             |                                 |
| TITLE          | CFO                          | <input type="checkbox"/> DELETE |
| NAME           | PHILLIPS, RICHARD H          |                                 |
| STREET ADDRESS | WYCHWOOD, 86 KIMPTON ROAD    |                                 |
| CITY-ST-ZIP    | WHEATHAMPSTEAD HERTS AL4 8LX |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

4. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 William D. Snowden Secretary

+44 1222 224871  
 Date Daytime Phone #

CR2E034 (1/98)