2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01659

FILED Mar 12, 2003 Secretary of State

Entity Name: THE MORRISON FOUNDATION FOR MUSICAL RESEARCH, INC.

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	ONET DRIVE LE, GA 30296	US				
Current Mailing Address:			New Maili	New Mailing Address:		
P O BOX 551 UNION CITY, GA 30291 US						
FEI Number:	59-2373486	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	IPLAIN DRIVE	US	361 CHAM	PECK, ELEANOR 361 CHAMPLAIN DRIVE DELTONA, FL 32725 US		
	named entity s e of Florida.	ubmits this statement for the pu	irpose of changing	its registere	ed office or registered agent, or both,	
SIGNATUF	RE: ELEANOF	R PECK			03/12/2003	
	Electroni	ic Signature of Registered Ager	nt		Date	
OFFICERS	S AND DIRECT	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () HUGHES, CARL 1636 CORONET RIVERDALE, GA	DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () HUGHES, GARY 12051 SE 55 AV BELLEVIEW, FL	/E RD	Title: Name: Address: City-St-Zip:	VD HUGHES, 0 607 APACH WOODSTO		
Title: Name: Address: City-St-Zip:	SD () HUGHES, CHER 1636 CORONET RIVERDALE, GA	DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PECK, ELEANO 361 CHAMPLAIN DELTONA, FL 3	N DR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) ROBINSON, DA' 3935 PEACE VA COLLEGE PARI	ALLEY DR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () JOHNSON, MAR 7 ALMOND TRA OCALA, FL 344	IL LANE	Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARLTON M. HUGHES, JR. PD 03/12/2003