2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# 715056

Entity Name: MUSEUM OF SCIENCE AND INDUSTRY, INC.

Current Principal Place of Business:

4801 E. FOWLER AVE.
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

4801 E. FOWLER AVE.
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-2657399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

OSTRENKO, WIT
6221 NORTH DALE MABRY
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

OSTRENKO, WIT
4801 E FOWLER AVE
TAMPA, FL 33617 US

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: _____ 05/08/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	LANG, ROBERT A	
Address:	602 VANDERBAKER RD	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
Title:	D	( ) Delete
Name:	AZORIN BLANCO, MARUCHI	
Address:	32 BAHAMA CIRCLE	
City-St-Zip:	TAMPA, FL 33606	
Title:	TD	( ) Delete
Name:	BRITTON, CHARLES	
Address:	3409 PALMIRA AVE	
City-St-Zip:	TAMPA, FL 33629	
Title:	SD	( ) Delete
Name:	HANEY, REID	
Address:	3014 HARBOR VIEW AVE	
City-St-Zip:	TAMPA, FL 33611	
Title:	P	( ) Delete
Name:	OSTRENKO, WIT	
Address:	6221 NORTH DALE MABRY	
City-St-Zip:	TAMPA, FL 33614	

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:	

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: KATHY PROSSICK VP 05/08/2009
Electronic Signature of Signing Officer or Director — Date