

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 25, 2004  
Secretary of State**

DOCUMENT# 735376

Entity Name: MUSEUM STORE ASSOCIATION, INC.

**Current Principal Place of Business:**

4100 E MISSISSIPPI AVE  
800  
DENVER, CO 80246 US

**New Principal Place of Business:**

**Current Mailing Address:**

4100 E MISSISSIPPI AVE  
800  
DENVER, CO 80246 US

**New Mailing Address:**

FEI Number: 52-6044269      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUCKWORTH, HOBBY & ALLEN, P.A.  
1300 NORTH MILLS AVENUE  
ORLANDO, FL 32803 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: VPD ( ) Delete  
Name: ENGEL, GLORIA  
Address: 612 E BLVD AVE  
City-St-Zip: BISMARCK, ND 58505  
  
Title: PD ( ) Delete  
Name: POWELL, JUDY  
Address: 201 CHESTNUT AVE  
City-St-Zip: CHATTANOOGA, TN 37401  
  
Title: TD ( ) Delete  
Name: RILEY, KIMBERLEE  
Address: 10 S BRAODWAY STE 1540  
City-St-Zip: SAINT LOUIS, MO 63102  
  
Title: SD ( ) Delete  
Name: LINFOOT, LAURIE ANNYA  
Address: 55 COOGAN BLVD  
City-St-Zip: MYSTIC, CT 06355  
  
Title: VPD ( ) Delete  
Name: MCCOMB, ROBERT  
Address: 811 S PALM BLVD  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ENGEL, GLORIA  
Address: 612 E BLVD AVE  
City-St-Zip: BISMARCK, ND 58505  
  
Title: VPD (X) Change ( ) Addition  
Name: MURPHY, LAURA  
Address: 424 BELLEVUE AVE  
City-St-Zip: NEWPORT, RI 02840 69  
  
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 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: GLORIA ENGEL

PD

02/25/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date