

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735376

FILED
Jan 31, 2005
Secretary of State

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: PD () Delete
Name: ENGEL, GLORIA
Address: 612 E BLVD AVE
City-St-Zip: BISMARCK, ND 58505

Title: VPD () Delete
Name: MURPHY, LAURA
Address: 424 BELLEVUE AVE
City-St-Zip: NEWPORT, RI 02840 69

Title: TD () Delete
Name: RILEY, KIMBERLEE
Address: 10 S BROADWAY STE 1540
City-St-Zip: SAINT LOUIS, MO 63102

Title: SD () Delete
Name: LINFOOT, LAURIE ANN
Address: 55 COOGAN BLVD
City-St-Zip: MYSTIC, CT 06355

Title: VPD (X) 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: MCCOMB, ROBERT
Address: 811 S PALM AVE
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: CHAPIN, LAUREN
Address: 4155 LINNEAN AVE NW
City-St-Zip: WASHINGTON, DC 20008

Title: SD (X) Change () Addition
Name: MOREHEAD, JENNIFER
Address: 2500 W BROAD ST
City-St-Zip: RICHMOND, VA 23220

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: BEVERLY BARSOOK

DIR

01/31/2005

Electronic Signature of Signing Officer or Director

Date