

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735376

FILED  
Apr 09, 2008  
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: STUTZ, SALLIE  
Address: 200 EASTERN PKWY  
City-St-Zip: BROOKLYN, NY 11238

Title: VPD ( ) Delete  
Name: CHAPIN, LAUREN  
Address: 4155 LINNEAN AVE NW  
City-St-Zip: WASHINGTON, DC 20008

Title: TD ( ) Delete  
Name: DUDDY, DAVID  
Address: 51 SANDY POND RD  
City-St-Zip: LINCOLN, MA 01773

Title: SD ( ) Delete  
Name: TARNOW, TERRY  
Address: 1701 E FRONT ST  
City-St-Zip: TRAVERSE CITY, MI 49686

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition  
Name: BENNER, GWEN  
Address: 700 N ART MUSEUM DR  
City-St-Zip: MILWAUKEE, WI 53202

Title: TD (X) Change ( ) Addition  
Name: DELAND, SUSAN  
Address: 1200 GETTY CENTER DR  
City-St-Zip: LOS ANGELES, CA 90049

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: LAUREN CHAPIN SALAZAR

PD

04/09/2008

Electronic Signature of Signing Officer or Director

Date