## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 735376** 

FILED Feb 26, 2009 Secretary of State

Entity Name: MUSEUM STORE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4100 E MISSISSIPPI AVE

800

DENVER, CO 80246

**New Mailing Address: Current Mailing Address:** 

4100 E MISSISSIPPI AVE

DENVER, CO 80246 US

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

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

DUCKWORTH, HOBBY & ALLEN, P.A. 1300 NORTH MILLS AVENUE ORLANDO, FL 32803

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:

Date

Name:

Address:

Address:

City-St-Zip:

City-St-Zip:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**OFFICERS AND DIRECTORS:** 

(X) Change ( ) Addition

MILWAUKEE, WI 53202

345 KELLOGG BLVD W

ST PAUL, MN 55102

700 N ART MUSEUM DRIVE

BENNER, GWEN

() Delete CHAPIN-SALAZAR, LAUREN Name:

4155 LINNEAN AVE NW Address:

City-St-Zip: WASHINGTON, DC 20008

Title: () Delete Title: (X) Change ( ) Addition Name: DEVINE, META

Name: BENNER, GWEN Address: 700 N ART MUSEUM DR

City-St-Zip: MILWAUKEE, WI 53202

Title: () Delete Title: () Change () Addition

DELAND, SUSAN Name: Name: 1200 GETTY CENTER DR Address: Address: City-St-Zip: LOS ANGELES, CA 90049 City-St-Zip:

(X) Change ( ) Addition Title: SD ( ) Delete Title: SD

TARNOW, TERRY Name: Name: RICKER, BETH Address: 1701 E FRONT ST Address: 1801 MOUNTAIN RD NW City-St-Zip: TRAVERSE CITY, MI 49686 City-St-Zip: ALBQUERQUE, NM 87104

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: BEVERLY BARSOOK DR 02/26/2009