

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 735376

FILED  
Mar 14, 2003  
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: VPD ( ) Delete  
Name: ENGEL, GLORIA  
Address: 612 E BLVD AVE  
City-St-Zip: BISMARCK, ND 58505

Title: PD ( ) Delete  
Name: STEENBURGH, RUTH ANN  
Address: 717 GENERAL BOOTH BOULEVARD  
City-St-Zip: VIRGINIA BEACH, VA 23451

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

Title: SD ( ) Delete  
Name: STUTZ, SALLIE  
Address: 200 EASTERN PARKWAY  
City-St-Zip: BROOKLYN, NY 112386052

Title: VPD ( ) Delete  
Name: POWELL, JUDY  
Address: 201 CHESTNUT STREET  
City-St-Zip: CHATTANOOGA, TN 37401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: POWELL, JUDY  
Address: 201 CHESTNUT AVE  
City-St-Zip: CHATTANOOGA, TN 37401

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

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

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

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: JUDY POWELL

PD

03/14/2003

Electronic Signature of Signing Officer or Director

Date