2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765722

FILED May 02, 2004 Secretary of State

Entity Name: MARINE SCIENCE GRADUATE STUDENT ORGANIZATION, INC.

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

ON, INC.

4600 RICKENBACKER CAUSEWAY MIAMI, FL 33149

Current Mailing Address: New Mailing Address:

ON, INC. ATTN: MSGSO TREASURER 4600 RICKENBACKER CAUSEWAY

MIAMI, FL 33149

FEI Number: 59-2238104 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:

LAMB, KATHRYN A
4600 RICKENBACKER CSWY
DIVISION OF METEOROLOGY
MIAMI, FL 33149

AL KHARUSI, LAIYYAN M
4600 RICKENBACKER CSWY
DIVISION OF METEOROLOGY
MIAMI, FL 33149

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: LKHARUSI 05/02/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition Name: LAMB, KATHRYN Name: AL KHARUSI, LAIYYAN

Address: 4600 RIKENBACKER CSWY Address: 4600 RIKENBACKER CSWY

City-St-Zip: MIAMI, FL 33149 City-St-Zip: MIAMI, FL 33149

Title: PD () Delete Title: PD (X) Change () Addition Name: MCLAUGHLIN, SAUNDRA Name: DONAHUE, DEANNA

Address: 4600 RICKENBACKER CSWY Address: 4600 RICKENBACKER CSWY

City-St-Zip: MIAMI, FL 33149 City-St-Zip: MIAMI, FL 33149

Title: VD () Delete Title: VD (X) Change () Addition Name: SCHALZLE, GINA Name: LAHBERG, TAMMY

Address: 4600 RICKENBACKER CSWY Address: 4600 RICKENBACKER CSWY

City-St-Zip: MIAMI, FL 33149 City-St-Zip: MIAMI, FL 33149

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

Name: BRANDT, MARILYN Name: SCOTT, CINDA
Address: 4600 RICKENBACKER CSWY Address: 4600 RICKENBACKER CSWY

City-St-Zip: MIAMI, FL 33149 City-St-Zip: MIAMI, FL 33149

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: LKHARUSI TD 05/02/2004