

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # F96000000367 (0)

1. Corporation Name
MORVEN STUD, LTD. INC.



Principal Place of Business
ROUTE 6, BOX 69
CHARLOTTESVILLE VA 22902

Mailing Address
ROUTE 6, BOX 69
CHARLOTTESVILLE VA 22902-8727

2. Principal Place of Business
21 3201 Ellerslie Drive
Suite, Apt. #, etc.

22 City & State
23 Charlottesville, Va.
24 Zip 22902-8727
25 Country USA

2a. Mailing Address
26 3201 Ellerslie Drive
Suite, Apt. #, etc.

27 City & State
28 Charlottesville, Va.
29 Zip 22902-8727
30 Country USA

3. Date Incorporated or Qualified 01/22/1996
3a. Date of Last Report

4. FEI Number 54-1470312
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	KLUGE, JOHN W	
STREET ADDRESS	ROUTE 6, BOX 69	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22902	
TITLE	VCP	<input type="checkbox"/> DELETE
NAME	FINKELSTEIN, DAVID	
STREET ADDRESS	3805 PHILLIPS DR	
CITY-ST-ZIP	BALTIMORE MD 21208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUBOTNICK, STUART	
STREET ADDRESS	215 E. 67TH ST	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FINKELSTEIN, MICHAEL	
STREET ADDRESS	9118 FIELD RD	
CITY-ST-ZIP	BALTIMORE MD 21208	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOPKINS, EDWARD A	
STREET ADDRESS	15004 SUNFLOWER CT	
CITY-ST-ZIP	ROCKVILLE MD 20853	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kluge, John W.	
1.3 STREET ADDRESS	3201 Ellerslie Drive	
1.4 CITY-ST-ZIP	Charlottesville, Va. 22902	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Edward A. Hopkins* 4/21/1997

CR2E034 (9/96)