

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

**FILED**  
**Feb 10, 1999 8:00am**  
**Secretary of State**

02-10-1999 90061 012 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000000367**

1. Corporation Name  
**MORVEN STUD, LTD. INC.**

Principal Place of Business 3201 ELLERSLIE DR CHARLOTTESVILLE VA 22902-8727 US	Mailing Address 3201 ELLERSLIE DR CHARLOTTESVILLE VA 22902-8727 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>01/22/1996</b>	4. FEI Number <b>54-1470312</b>	Applied For <input type="checkbox"/> Not Applicable
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9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CT	KLUGE, JOHN W 3201 ELLERSLIE DR CHARLOTTESVILLE VA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VCP	FINKELSTEIN, DAVID 3605 PHILLIPS DR BALTIMORE MD 21208	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	SUBOTNICK, STUART 215 E. 67TH ST NEW YORK NY 10021	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	FINKELSTEIN, MICHAEL 9118 FIELD RD BALTIMORE MD 21208	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	HOPKINS, EDWARD A 15004 SUNFLOWER CT ROCKVILLE MD 20853	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

**SIGNATURE:** *Edward A Hopkins* **REQUIRED** **1-19-1999** **804-293-3978**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)