

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000004097
 1. Entity Name
 M S CONSULTANTS, INC.



Principal Place of Business 2221 SCHROCK ROAD COLUMBUS, OH 43229-1547	Mailing Address 2221 SCHROCK ROAD COLUMBUS, OH 43229-1547
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DO NOT WRITE IN THIS SPACE



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-6546916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSURE, THOMAS E PE 2221 SCHROCK ROAD COLUMBUS, OH 432291547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSURE, DAVID J P.E. 333 EAST FEDERAL ST YOUNGSTOWN, OH 445031885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIYA, RAYMOND J 333 EAST FEDERAL STREET YOUNGSTOWN, OH 445031885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MOSURE, DAVID J P.E. 333 EAST FEDERAL STREET YOUNGSTOWN, OH 445031885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/29/06-80205-011-150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X  X 3-20-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____