

**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**



03172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-6546916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

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

000000515382
04/29/06-80205-011-150.00

**DO NOT WRITE
IN THIS SPACE**

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-20-06

Date

Daytime Phone #