

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 02 1996 8:00 am
Secretary of State

DOCUMENT # M33783 (5)
1. Corporation Name
MSU CORPORATION



Principal Place of Business Mailing Address
57 THE CIRCLE
GLEN HEAD NY 11545

2. Principal Place of Business 21 ELDER HOUSE Suite, Apt. #, etc. 22 526 ELDER GATE City & State 23 MILTON KEYNES, BUCKS, Zip 24 MK9 1LR	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 UNITED KINGDOM	3. Date Incorporated or Qualified 06/17/1986 3a. Date of Last Report 11/30/1995 4. FEI Number 22-2748288 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 NATIONAL CORPORATE RESEARCH, LTD. 1406 HAYS STREET, SUITE #2 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 85 Zip Code FL
--	--

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 in name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	
NAME	ABRAMS, PAUL	12 NAME	
STREET ADDRESS	4 WESTWOOD CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	ROSLYN NY 11577	14 CITY-ST-ZIP	
TITLE	CEO	21 TITLE	
NAME	HOLLOWAY, WYNFORD P	22 NAME	
STREET ADDRESS	TEMPLE LODGE	23 STREET ADDRESS	THURLESTONES, BACKSIDE LANE
CITY-ST-ZIP	SIBFORD GOWER OXON OX151-5EX	24 CITY-ST-ZIP	SIBFORD GOWER OXON OX15 1RS ENGLAND
TITLE	PD	31 TITLE	
NAME	HALL, KEITH C	32 NAME	
STREET ADDRESS	BULSTRODE COTTAGES BULSTRODE LANE	33 STREET ADDRESS	FELDEN HEARTS HP3 0BP ENGLAND
CITY-ST-ZIP	FELDEN HEARTS HP3 0BP	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	
NAME	SNOWDEN, WILLIAM D	42 NAME	SNOWDEN, WILLIAM D
STREET ADDRESS	41 HERBERT MARCH CLOSE	43 STREET ADDRESS	CARDIFF CF5 2TD ENGLAND
CITY-ST-ZIP	CARDIFF CF5 2TD	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

011-1222-482731

DIS

DIS

CR2E034 (3/96)