

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M33783** (5)  
1. Corporation Name  
**MSU CORPORATION**

Principal Place of Business <b>ELDER HOUSE 526 ELDER GATE MILTON KEYNES BU 11545 US</b>	Mailing Address <b>57 THE CIRCLE GLEN HEAD NY 11545</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>ELDER HOUSE</b> Suite, Apt. #, etc. 22 <b>526-528 ELDER GATE</b> City & State 23 <b>MILTON KEYNES</b> Zip 24 <b>MK 9 1LR</b>		2a. Mailing Address 26 <b>57 THE CIRCLE</b> Suite, Apt. #, etc. 27 <b>42 THE PARADE</b> City & State 28 <b>CARDIFF</b> Zip 29 <b>CF2 3AB</b>		3. Date Incorporated or Qualified <b>06/17/1986</b>		3a. Date of Last Report <b>07/02/1996</b>	
Country 25 <b>UNITED KINGDOM</b>		Country 30 <b>UNITED KINGDOM</b>		4. FEI Number <b>22-2748288</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAMS, PAUL</b>	1.2 NAME	
STREET ADDRESS	<b>4 WESTWOOD CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROSLYN NY 11577</b>	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLOWAY, WYNFORD P</b>	2.2 NAME	
STREET ADDRESS	<b>THURLESTONES, BACKSIDE LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SIBFORD GOWER OXON</b>	2.4 CITY-ST-ZIP	
TITLE	PF	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLOWAY,</b>	3.2 NAME	
STREET ADDRESS	<b>BULSTRODE COTTAGES BULSTRODE LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FELDEN HERTS</b>	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHOWDON, WILLIAM D</b>	4.2 NAME	<b>SNOWDON</b>
STREET ADDRESS	<b>41 HERBERT MARCH CLOSE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARDIFF</b>	4.4 CITY-ST-ZIP	
TITLE	<del>CEO</del>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>PHILLIPS, RICHARD H</del>	5.2 NAME	<b>PHILLIPS, RICHARD H</b>
STREET ADDRESS	<del>WYCHWOOD, 86 KIMPTON ROAD</del>	5.3 STREET ADDRESS	<b>WYCHWOOD, 86 KIMPTON ROAD</b>
CITY-ST-ZIP	<del>WHEATHAMPTRAD HERTS AL4 8LY</del>	5.4 CITY-ST-ZIP	<b>WHEATHAMPTRAD HERTS AL4 8LY</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>500002281995</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-03/02/97--01020--020</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***558.75</b>

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:

*[Signature]* 44 1408  
23 Jul 1997 232100

CR2E034 (4/97)