

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 29, 1999 8:00 am  
Secretary of State

06-29-1999 90009 035 \*\*\*550.00

DOCUMENT # M33783

1. Corporation Name

MSU CORPORATION

Principal Place of Business

ELDER HOUSE  
526-528 ELDER GATE  
MILTON KEYNES MK9 1LR U.K  
US

Mailing Address

~~C/O PHOENIX WALTERS~~  
~~48 THE PARADE~~  
~~CARDIFF CF2 0AD U.K.~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1986

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 CF10 3QB 30 U.K.

2a. Mailing Address

26 HUGH JAMES FORD SIMET

27 ARLEE HOUSE 3RD FLOOR

28 CARDIFF

29 CF10 3QB 30 U.K.

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET  
SUITE 300  
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE CEO  
NAME HOLLOWAY, WYNFORD P  
STREET ADDRESS THURLESTONES, BACKSIDE LANE  
CITY-ST-ZIP SIBFORD GOWER OXON

TITLE SD  
NAME SNOWDON, WILLIAM D  
STREET ADDRESS CREIGAN  
CITY-ST-ZIP CARDIFF UK CF4 8

TITLE CFO  
NAME PHILLIPS, RICHARD H  
STREET ADDRESS WYCHWOOD, 86 KIMPTON ROAD  
CITY-ST-ZIP WHEATHAMPSTEAD HERTS AL4 8LX

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

4. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D. Snowden Secretary

Date

Daytime Phone #

+44 1222 224871

CR2E034 (1/98)