FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 571365 (6)

1. Corporation Name

TCI TKR OF SOUTH DADE, INC.

Principal Place of Business
5619 DTC PARKWAY
TAX DEPT.
ENGLEWOOD CO 80111
US

Mailing Address
P.O. BOX 5630
TAX DEPT.
DENVER CO 80217
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1895795 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, BARRY P	1.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BRACKEN, GARY K	2.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP		
TITLE	VS	3.1 TITLE		☐ Change ☐ Addition
NAME	BRETT, STEPHEN M	3.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP		
TITLE	VS	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, TERREL E	4.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP		
TITLE	VT	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHOTTERS, II B W.	5.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	5.4 CITY-ST-ZIP		
TITLE	AVP	6.1 TITLE	Assistant Vice President	☐ Change ☒ Addition
NAME	HALSEY, GREG	6.2 NAME	Gookin, Nolan	
STREET ADDRESS	5619 DTC PARKWAY	6.3 STREET ADDRESS	5619 DTC Parkway	
CITY-ST-ZIP	ENGLEWOOD CO	6.4 CITY-ST-ZIP	Englewood, CO 80111	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nolan D. Gookin 4/27/95 (303)267-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nolan Gookin Assistant Vice President

0362070 CP