

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91136 033 ***150.00

DOCUMENT # 834577

1. Entity Name
AMREAL CORPORATION

Principal Place of Business Mailing Address
2000 S COLORADO BLVD **2000 S COLORADO BLVD**
TOWER TWO STE 2-1000 **TOWER TWO STE 2-1000**
DENVER CO 80222 **DENVER CO 80222**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 57-0539477		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THE PRENTICE HALL CORP SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOMPANIEZ, PETER K			NAME			
STREET ADDRESS	1873 SO BELLAIRE ST 17TH FLR			STREET ADDRESS	2000 S Colo Blvd., Tower Two, #2-1000		
CITY-ST-ZIP	DENVER CO 80222-4300			CITY-ST-ZIP	Denver, CO 80222		
TITLE	EVLS	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONDER, JOEL F			NAME			
STREET ADDRESS	1873 SO BELLAIRE ST 17TH FLR			STREET ADDRESS	2000 S. Colo Blvd., Tower Two #2-1000		
CITY-ST-ZIP	DENVER CO 80222-4300			CITY-ST-ZIP	Denver, CO 80222		
TITLE	VPT	<input type="checkbox"/> Delete		TITLE	SVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEATH, PATRICIA K			NAME			
STREET ADDRESS	1873 SO BELLAIRE ST 17TH FLR			STREET ADDRESS	2000 S. Colo. Blvd., Tower Two #2-1000		
CITY-ST-ZIP	DENVER CO 80222-4300			CITY-ST-ZIP	Denver, CO 80222		
TITLE	EVFA	<input checked="" type="checkbox"/> Delete		TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOOMEY, THOMAS W			NAME	Terry Considine		
STREET ADDRESS	1873 SO BELLAIRE ST 17TH FLR			STREET ADDRESS	2000 S. Colorado Blvd. Tower Two #2-1000		
CITY-ST-ZIP	DENVER CO 80222-4300			CITY-ST-ZIP	Denver, CO 80222		
TITLE	SVPC	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LONG, MARTHA			NAME	Patrick J. Foye		
STREET ADDRESS	55 BEATTIE PLACE			STREET ADDRESS	2000 S. Colo Blvd., Tower Two #2-1000		
CITY-ST-ZIP	GREENVILLE SC 29602			CITY-ST-ZIP	Denver, CO 80222		
TITLE	SVPO	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATHES, JAMES			NAME			
STREET ADDRESS	55 BEATTIE PLACE			STREET ADDRESS			
CITY-ST-ZIP	GREENVILLE SC 29602			CITY-ST-ZIP			

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Heath* Patricia Heath Senior VP/Treas. 4-26-01 (303_757-8101)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)