

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # 856767

1. Entity Name
 TRANSLOGIC CORP.

Principal Place of Business 10825 EAST 47TH AVE. DENVER CO 80239	Mailing Address 10825 EAST 47TH AVE. DENVER CO 80239
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 84-0911610	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301 US

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME STROBEL MARTIN	
STREET ADDRESS WEBEREIWEG 3	
CITY-ST-ZIP CH5033 BUCHS/AARU,SWITERLAND	
TITLE D	<input type="checkbox"/> Delete
NAME PYLKAS PEKKA	
STREET ADDRESS WEBEREIWEG 3	
CITY-ST-ZIP CH5033 BUCHS/AARU,SWITERLAND	
TITLE PDO	<input type="checkbox"/> Delete
NAME KEGLEY CHARLES F	
STREET ADDRESS 6122 SONGBIRD CIR.	
CITY-ST-ZIP BOULDER CO 80303	
TITLE CFO	<input type="checkbox"/> Delete
NAME RASMUSSEN ROBERT L	
STREET ADDRESS 5770 GREEN OAKS DR.	
CITY-ST-ZIP LITTLETON CO 80121	
TITLE VSTD	<input type="checkbox"/> Delete
NAME RASMUSSEN ROBERT L	
STREET ADDRESS 5770 GREEN OAKS DR.	
CITY-ST-ZIP LITTLETON CO 80121	
TITLE CEO	<input type="checkbox"/> Delete
NAME KEGLEY CHARLES F	
STREET ADDRESS 6122 SONGBIRD CIRCLE	
CITY-ST-ZIP BOULDER CO 80303	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Robert L. Rasmussen **VSTD** 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)