

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # F94000001862 (1)
1. Corporation Name
**ASSOCIATION OF ENERGY SERVICES PROFESSIONALS, INC
CORPORATED**



| | |
|--|---|
| Principal Place of Business SUITE #2315 7040 W. PALMETTO PARK ROAD BOCA RATON FL 33433 | Mailing Address SUITE #2315 7040 W. PALMETTO PARK ROAD BOCA RATON FL 33433-3407 |
|--|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 04/12/1994 | 3a. Date of Last Report 05/21/1996 |
| 4. FEI Number 33-0369768 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

**BOARDMAN, ELLIOT B
5549 COASTAL DRIVE
BOCA RATON FL 33487**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | P <input checked="" type="checkbox"/> DELETE |
| NAME | VIOLETTE, DAN |
| STREET ADDRESS | 2355 HILLSDALE WAY |
| CITY-ST-ZIP | BOULDER CO 80303 |
| TITLE | V <input checked="" type="checkbox"/> DELETE |
| NAME | FERGUSON, BILL |
| STREET ADDRESS | 116 HALLOWEEN RUN |
| CITY-ST-ZIP | NEWARK DE 19702 |
| TITLE | S <input checked="" type="checkbox"/> DELETE |
| NAME | QUIGLEY, DAN |
| STREET ADDRESS | 77 BEALE ST. MAILDROP B29C |
| CITY-ST-ZIP | SAN FRANCISCO CA 34105 |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | BROWN, MARIAN |
| STREET ADDRESS | 300 N LONE HILL AVE. |
| CITY-ST-ZIP | SAN DIMAS CA 31773 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BOARDMAN, ELLIOT B |
| STREET ADDRESS | 5549 COASTAL DRIVE |
| CITY-ST-ZIP | BOCA RATON FL 33487 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | FERGUSON, BILL |
| 1.3 STREET ADDRESS | 116 HALLOWEEN RUN |
| 1.4 CITY-ST-ZIP | NEWARK, DE 19702 |
| 2.1 TITLE | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | BRANDON, JERRY |
| 2.3 STREET ADDRESS | 911 MAIN ST., SUITE 3000 |
| 2.4 CITY-ST-ZIP | KANSAS CITY, MO 64105 |
| 3.1 TITLE | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | MILLER, WILLIAM |
| 3.3 STREET ADDRESS | 123 MISSION ST., MAIL CODE H2BF |
| 3.4 CITY-ST-ZIP | SAN FRANCISCO, CA 94177 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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

SIGNATURE: *Elliot Boardman* **Elliot Boardman** 4/2/97 (561) 361-0025