

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000002126 (9)

1. Corporation Name
MANAGEMENT ANALYSIS COMPANY



Principal Place of Business Mailing Address
1819 DENVER WEST DRIVE SUITE 400 GOLDEN CO 80401

3. Date Incorporated or Qualified **05/01/1995** 3a. Date of Last Report
 4. FEI Number **95-3139094** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANATION FL 33324**

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 607.1503, 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 _____ DATE _____
Signature typed or printed name of registered agent is optional, if applicable. (NOTE: Registered Agent's signature is required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	DOLLARD, JIMMIE F	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	
CITY- ST- ZIP	GOLDEN CO 80401	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUBBARD, GERALD E	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	
CITY- ST- ZIP	GOLDEN CO 80401	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JENS, ROBERT J	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	
CITY- ST- ZIP	GOLDEN CO 80401	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	ZIKA, JOSEPH M	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	
CITY- ST- ZIP	GOLDEN CO 80401	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MACQUARRIE, DEXANA G	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	
CITY- ST- ZIP	GOLDEN CO 80401	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BIBB, WILLIAM C	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	
CITY- ST- ZIP	GOLDEN CO 80401	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(g), 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: *DEXANA G MACQUARRIE*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 **(303) 273 5048**
 DATE TIME PHONE #

CR2E034 (12/95)