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**Jan 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
1819 DENVER WEST DRIVE SUITE 400 GOLDEN CO 80401-3118

3. Date Incorporated or Qualified 05/01/1995 **3a. Date of Last Report 03/12/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 95-3139094 **Applied For Not Applicable**

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

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

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 607.1508, 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, type or printed name of agent or agent-in-charge if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE**

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

SIGNATURE: *[Signature]* **1/6/97** **363-277-5044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)