

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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: **1819 DENVER WEST DRIVE SUITE 400 GOLDEN CO 80401**

Mailing Address: **1819 DENVER WEST DRIVE SUITE 400 GOLDEN CO 80401**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

3. Date Incorporated or Qualified: **05/01/1995**

4. FEI Number: **95-3139094**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLLARD, JIMMIE F	1.2 NAME	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, GERALD E	2.2 NAME	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENS, ROBERT J	3.2 NAME	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	3.4 CITY-ST-ZIP	
TITLE	CFOV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIKA, JOSEPH M	4.2 NAME	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACQUARRIE, DEXANA G	5.2 NAME	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 attachment with an address.

SIGNATURE _____

CR2E034 (10/97)