

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000181 (4)
 1. Corporation Name
GRANITE FINANCIAL, INC.



Principal Place of Business 1013 CENTRE RD WILMINGTON DE 19805	Mailing Address 1013 CENTRE RD WILMINGTON DE 19805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16100 TABLE MOUNTAIN PKWY		2a. Mailing Address 26 16100 TABLE MOUNTAIN PKWY		3. Date Incorporated or Qualified 01/10/1997	
Suite, Apt. #, etc. 22 SUITE A		Suite, Apt. #, etc. 27 SUITE A		4. FEI Number 84-1349929	
City & State 23 GOLDEN, CO		City & State 28 GOLDEN, CO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 80403		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 USA		Zip 30 80403		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 NAME STREET ADDRESS CITY-ST-ZIP	DP WHENER, WILLIAM W 8480 W 81ST DR ARVADA CO 80005 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JAMES E 8058 S CHESTER WAY ENGLEWOOD CO 80111 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DIRECTOR WILLIAM P. FOLEY 2510 RED HILL AVE., SUITE 220 SANTA ANA, CA 92705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIFFER, LAURENCE A 3 TERRYHILL ST LOUIS MO 63131 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PRESIDENT, COO, DIRECTOR LARRY K. WHITE 16100 TABLE MOUNTAIN PARKWAY, SUITE A GOLDEN, CO 80403 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, ANDREW S 16 W MORELAND PL ST LOUIS MO 63108 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SR. V.P., SECRETARY M'LISS JONES KANE 2510 RED HILL AVENUE, SUITE 220 SANTA ANA, CA 92705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, WILLIAM S 8424 W 91ST AVE WESTMINISTER CO 80030 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CFD, DIRECTOR ALLEN D. MEADOWS 2510 RED HILL AVENUE, SUITE 220 SANTA ANA, CA 92705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIESE, WILLIAM A 4219 S KILARNEY AURORA CO 80013 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DIRECTOR FRANK P. WILLEY 2510 RED HILL AVENUE, SUITE 220 SANTA ANA, CA 92705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 an attachment with an address.

SIGNATURE: *Mark A. W. Wank* **REQUIRED** 8/31/98 (303) 216-3500

CR2E034 (5/98)