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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90150 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004101

1. Corporation Name
FLATIRON CREDIT COMPANY, INC.



Principal Place of Business 600 17TH ST #1900S DENVER CO 80202 US	Mailing Address 600 17TH ST #1900S DENVER CO 80202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/04/1997
21	26	4. FEI Number 84-1421362
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
23	28	
Zip Country	Zip Country	
24	29	30

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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, THOMAS A	12 NAME	
STREET ADDRESS	1291 LAUREL CT.	13 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, KEWSONG	22 NAME	
STREET ADDRESS	466 LEXINGTON AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, HOWARD H	32 NAME	
STREET ADDRESS	466 LEXINGTON AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	34 CITY-ST-ZIP	
TITLE	DCEO <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKERTON, ROBERT A	42 NAME	
STREET ADDRESS	1801 CALIFORNIA ST., #3920	43 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80224	44 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDY, BRUCE I	52 NAME	
STREET ADDRESS	1801 CALIFORNIA ST., #3920	53 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80224	54 CITY-ST-ZIP	
TITLE	CFOS <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN A MCCARTY	62 NAME	Gene E. Persinger
STREET ADDRESS	600 17TH ST #1900S	63 STREET ADDRESS	600 17th St, Ste 1900S
CITY-ST-ZIP	DENVER CO 80202	64 CITY-ST-ZIP	Denver, CO 80202

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, with all other like empowered.

SIGNATURE:  Robert A. Pinkerton 4-23-99 303-571-1711 x. 107
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)