

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90038 003 ***150.00

DOCUMENT # F97000004101

1. Entity 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 80202-5419 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 84-1421362 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | Name | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | | | | FL | Zip Code |
| | | | | | | | | | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

| | | | |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|----------------------------|---------------------------------|---|--|---|
| TITLE | DC | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOPER, THOMAS A | | NAME | | |
| STREET ADDRESS | 1291 LAUREL CT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEE, KEWSONG | | NAME | | |
| STREET ADDRESS | 466 LEXINGTON AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10017 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEWMAN, HOWARD H | | NAME | | |
| STREET ADDRESS | 466 LEXINGTON AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10017 | | CITY-ST-ZIP | | |
| TITLE | DCEO | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PINKERTON, ROBERT A | | NAME | | |
| STREET ADDRESS | 1801 CALIFORNIA ST., #3920 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DENVER CO 80224 | | CITY-ST-ZIP | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUNDY, BRUCE I | | NAME | | |
| STREET ADDRESS | 1801 CALIFORNIA ST., #3920 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DENVER CO 80224 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERSINGER, GENE E | | NAME | | |
| STREET ADDRESS | 600 17TH ST #1900S | | STREET ADDRESS | | |
| CITY-ST-ZIP | DENVER CO 80202 | | CITY-ST-ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gene E. Persinger Date: 01/28/2000 Daytime Phone #: 303-571-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)