

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90027 024 ***550.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # F97000004902 ✓

1. Corporation Name
INTEK INFORMATION, INC.



Principal Place of Business
**370 17TH STREET SUITE 3950
 DENVER CO 80202**

Mailing Address
**370 17TH STREET SUITE 3950
 DENVER CO 80202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/19/1997

4. FEI Number
84-1334615

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 the current year Intangible Personal Property. Yes No

2. Principal Place of Business
21 5619 DTC PARKWAY

2a. Mailing Address
26 5619 DTC PARKWAY

Suite, Apt. #, etc.
22 12TH FLOOR

Suite, Apt. #, etc.
27 12TH FLOOR

City & State
23 ENGLEWOOD, CO

City & State
28 ENGLEWOOD, CO

Zip Country
24 80111 **25** **29 80111** **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	O'CROWLEY, TIMOTHY C	
STREET ADDRESS	4790 S. LAFAYETTE	
CITY-ST-ZIP	ENGLEWOOD CO 80110	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'NEAL, PATRICK F	
STREET ADDRESS	2397. DAISY LANE	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	UPCHURCH, H J JR	
STREET ADDRESS	370 17TH STREET, SUITE 3950	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CURRIE, JOHN W	
STREET ADDRESS	370 17TH STREET, SUITE 3950	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	DANIELSON, KRIS E	
STREET ADDRESS	4750 E. BAILS PLACE	
CITY-ST-ZIP	DENVER CO 80222	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	SEE ATTACHED
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	SEE ATTACHED
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	SEE ATTACHED
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	SEE ATTACHED FOR ADDITIONAL
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 an attachment with an address.

SIGNATURE: _____ DATE: 7/7/99 DAYTIME PHONE #: 308-357-3030 ext 3084

CR2E034 (5/99)

F97000004902
7/9/99

592068-90027-24

Officers and Directors

Officers:

Pres: TIMOTHY O'CROWLEY
Street: 4790 LAFAYETTE
City/State/Zip: ENGLEWOOD, CO 80110
Soc Sec No: 474-66-0569

Treasurer: KRIS DANIELSON
Street: 373 EMERSON STREET
City/State/Zip: DENVER, CO 80218
Soc Sec No: 560-57-8254

Vice-Pres: KRIS DANIELSON
Street: 373 EMERSON STREET
City/State/Zip: DENVER, CO 80218
Soc Sec No: 560-57-8254

Secretary: TIMOTHY O'CROWLEY
Street: 4790 LAFAYETTE
City/State/Zip: ENGLEWOOD, CO 80110
Soc Sec No: 474-66-0569

Directors:

Name: PATRICK F. O'NEAL
Street: 5619 DTC PARKWAY 12TH FLR.
City/State/Zip: ENGLEWOOD, CO 80111

Name: HAL POTE (The Beacon Group)
Street: 375 PARK AVENUE
City/State/Zip: NEW YORK, NY 10152

Name: H. JACKSON UPCHURCH
Street: 5619 DTC PARKWAY 12TH FLR.
City/State/Zip: ENGLEWOOD, CO 80111

Name: ERIC WILKINSON (The Beacon Group)
Street: 375 PARK AVENUE
City/State/Zip: NEW YORK, NY 10152

Name: RICK WELLER
Street: 5619 DTC PARKWAY 12TH FLR.
City/State/Zip: ENGLEWOOD, CO 80111

Name: GREG BATTON (Conning & Co)
Street: City Place II, 185 Asylum Street
City/State/Zip: Hartford, CT 06103-1131

Name: FRANK RICHARDS
Street: 5619 DTC PARKWAY 12TH FLR.
City/State/Zip: ENGLEWOOD, CO 80111

Name: STEVE PIAKER (Conning & Co)
Street: City Place II, 185 Asylum Street
City/State/ Zip: Hartford, Ct 06103-1131