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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000000847**

1. Corporation Name
BEHRENT ENGINEERING COMPANY



DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business 11455 W. I-70 N. FRONTAGE ROAD WHEAT RIDGE CO 80033 | Mailing Address 11455 W. I-70 N. FRONTAGE ROAD WHEAT RIDGE CO 80033 |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified 02/12/1998 | |
| 4. FEI Number 84-0516112 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------------|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | SHELANDER, TERRENCE F |
| STREET ADDRESS | 16093 W. 66TH CIRCLE |
| CITY-ST-ZIP | ARVADA CO |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | LAMAN, RICHARD |
| STREET ADDRESS | 9558 W. CRESTLINE DRIVE |
| CITY-ST-ZIP | LITTLETON CO |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | BAUMER, ROBERT |
| STREET ADDRESS | 9735 JELLISSON STREET |
| CITY-ST-ZIP | WESTMINSTER CO |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | KULLMAN, JOHN |
| STREET ADDRESS | 8247 YARROW COURT |
| CITY-ST-ZIP | ARVADA CO |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | ARMSTRONG, DOUGLAS |
| STREET ADDRESS | 2520 S. DEFRAME STREET |
| CITY-ST-ZIP | LAKEWOOD CO |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | DEAN, JOHN |
| STREET ADDRESS | 12455 E. ALASKA AVENUE |
| CITY-ST-ZIP | AURORA CO |

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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Baumer, Robert |
| 3.3 STREET ADDRESS | 9735 Jellison Street |
| 3.4 CITY-ST-ZIP | Westminster, CO |
| 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 | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Armstrong, Douglas |
| 5.3 STREET ADDRESS | 7178 South Willa Lane |
| 5.4 CITY-ST-ZIP | Evergreen, CO |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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, with all other like empowered.

SIGNATURE: Terrence F. Shelander **Terrence F. Shelander** 303-940-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)