

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90302 026 ***150.00

RECEIVED AT

DOCUMENT # F98000006780

1. Entity Name
INFORMATION MANAGEMENT RESEARCH, INC.



Principal Place of Business
**6025 S. QUEBEC ST., #260
ENGLEWOOD CO 80111**

Mailing Address
**6025 S. QUEBEC ST., #260
ENGLEWOOD CO 80111**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **84-1204563** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUCKER, ROBERT 6342 S. EMPORIA ENGLEWOOD CO 80111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Drucker 10278 Tracery Ct. Parker, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KHALAFI, FARHAD 9643 LAKE CIRCLE ENGLEWOOD CO 80111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Peter Galligan 2952 E. Clariton Dr. Highlands Ranch, CO 80126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANDCHAUP, STEVEN 5825 S. BELLFLOWER DR LITTLETON CO 80123	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)