## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9900000415

## EXPONENTIAL ENGINEERING COMPANY

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41	9	CANYO	N	AVE.	SUITE	310

2. Principal Place of Business

FORT COLLINS CO 80521

Suite, Apt. #, etc.

Mailing Address

3. Mailing Address

Suite, Apt. #, etc

419 CANYON AVE. SUITE 310 FORT COLLINS CO 80521-2672

City & State		City & State		4. FEI Number 84-1445232			<del></del>	plied For t Applicable	
Zip	Country	Zip	Country	<b>5.</b> C	certificate of Status Desired		75 Add Required	itional	
	6, Name and Address of Current Re	egistered Agent		7. N	ame and Address of New Regi	istered Agent			
		<u> </u>	Name						
UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVE.				Street Address (P.O. Box Number is Not Acceptable)					
STE.	<del></del>								
TALLAHASSEE FL 32302			City			FL Z	ip Code	)	
8. The above	named entity submits this statement for the stat		gistered office or			DATE			
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		50.00	10. Election Campaign Finan- Trust Fund Contribution.	cing		<b>0</b> May Be to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ADI	DITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GHIDOSSI, THOMAS A 419 CANYON AVE, SUITE 310 FORT COLLINS CO 80521	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLES, ARTHUR E 419 CANYON AVE, SUITE 310 FORT COLLINS CO 80521	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLES, A	esident Arthur e Lyon Ave, shite 31 Duins Co 80521		Change	☐ Addition	
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## **FILED** May 19, 2000 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR