

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05221 (7)
1. Corporation Name
THE SYGMA NETWORK, INC.



Principal Place of Business 7125 W JEFFERSON AVENUE SUITE 400 LAKEWOOD CO 80235 US	Mailing Address 7125 W JEFFERSON AVENUE SUITE 400 LAKEWOOD CO 80235-2306 US
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3. Date Incorporated or Qualified 03/06/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 74-2304809	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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	D <input type="checkbox"/> DELETE
NAME	MARSHALL, GREGORY K.
STREET ADDRESS	7125 W JEFFERSON AVENUE LAKEWOOD CO
CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	RIKER, LA DEE G.
STREET ADDRESS	1390 ENCLAVE PARKWAY HOUSTON TX
CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE
NAME	DAMICO, SHERYL L.
STREET ADDRESS	7125 W. JEFFERSON AVENUE LAKEWOOD CO
CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE
NAME	EGGBRECHT, JERRY.
STREET ADDRESS	7125 W. JEFFERSON AVENUE LAKEWOOD CO
CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	KURZ, THOMAS P
STREET ADDRESS	1390 ENCLAVE PARKWAY HOUSTON TX
CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE
NAME	BROOKS, CONNIE S
STREET ADDRESS	1390 ENCLAVE PARKWAY HOUSTON TX
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	Kurz, Thomas P.
2.3 STREET ADDRESS	1390 Enclave Parkway Houston TX 77077
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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	AS Burke, Kent R.
5.3 STREET ADDRESS	1390 Enclave Parkway Houston, TX 77077
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Sheryl L. Damico* **Sheryl L. Damico Sec/Treas. 04/23/97 (303)980-0011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)