

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

FILED
May 07, 1999 8:00 am
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 # **P05221**

1. Corporation Name
THE SYGMA NETWORK, INC.



DO NOT WRITE IN THIS SPACE

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
 US**

3. Date Incorporated or Qualified
03/06/1985

4. FEI Number
74-2304809

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 Tax. Yes No

2. Principal Place of Business

21 [] 22 [] 23 [] 24 [] 25 []

2a. Mailing Address

26 [] 27 [] 28 [] 29 [] 30 []

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 _____ 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	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, GREGORY K.	
STREET ADDRESS	7125 W JEFFERSON AVENUE	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KURZ, THOMAS P	
STREET ADDRESS	1390 ENCLAVE PARKWAY	
CITY-ST-ZIP	HOUSTON TX	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DAMICO, SHERYL L.	
STREET ADDRESS	7125 W. JEFFERSON AVENUE	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EGGEBRECHT, JERRY.	
STREET ADDRESS	7125 W. JEFFERSON AVENUE	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BURKE, KENT R	
STREET ADDRESS	1390 ENCLAVE PKWY	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BROOKS, CONNIE S	
STREET ADDRESS	1390 ENCLAVE PARKWAY	
CITY-ST-ZIP	HOUSTON TX	

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	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: *Sheryl L Damico* **Sheryl L Damico Sec/VP Fin. 04/23/99 (303) 980-0011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)