

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P16717 (1)**

1. Corporation Name
WESTERN STATES FIRE PROTECTION COMPANY



Principal Place of Business Meeting Address
7026 S. TUCSON WAY ENGLEWOOD CO 80112 **7026 S. TUCSON WAY ENGLEWOOD CO 80112**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **11/09/1987** 3a. Date of Last Report **02/28/1995**
4. FET Number **84-0973303** Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes. Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Sandra B. Mathern, Secretary of State

12. OFFICERS AND DIRECTORS

TITLE	V	[] DELETE
NAME	LEWIS, DWON G.	
STREET ADDRESS	7152 ODESSA CIRCLE	
CITY-STATE-ZIP	AURORA CO	
TITLE	SD	[] DELETE
NAME	BEADIE, WILLIAM M.	
STREET ADDRESS	705 MONTCALM PLACE	
CITY-STATE-ZIP	ST. PAUL MN	
TITLE	T	[] DELETE
NAME	RACHEY, LOREN	
STREET ADDRESS	6830 HEMLOCK LANE	
CITY-STATE-ZIP	MAPLE GROVE MN	
TITLE	D	[] DELETE
NAME	ANDERSON, LEE R.	
STREET ADDRESS	1106 MOUNT CURVE AVE.	
CITY-STATE-ZIP	MINNEAPOLIS MN	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF JESSEN	
STREET ADDRESS	1741 WOOD DUCK LANE	
CITY-STATE-ZIP	EXCELSIOR, MN 55331	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA BARKER	
STREET ADDRESS	1506 E. NICHOLS CR.	
CITY-STATE-ZIP	LITTLETON, CO 80112	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra Barker, Treasurer* 3/22/96 (303) 792-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)