

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

FILED
Apr 01 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P16717 (1)
 1. Corporation Name
WESTERN STATES FIRE PROTECTION COMPANY

| | |
|---|---|
| Principal Place of Business 7026 S. TUCSON WAY ENGLEWOOD CO 80112 | Mailing Address 7026 S. TUCSON WAY ENGLEWOOD CO 80112 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|------------------------|-----------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/09/1987 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 84-0973303 | Applied For Not Applicable |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | V <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, DWON G. | 1.2 NAME | |
| STREET ADDRESS | 7152 ODESSA CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | AURORA CO | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEADIE, WILLIAM M. | 2.2 NAME | |
| STREET ADDRESS | 705 MONTCALM PLACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PAUL MN | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RACHEY, LOREN | 3.2 NAME | |
| STREET ADDRESS | 6830 HEMLOCK LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAPLE GROVE MN | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, LEE R. | 4.2 NAME | |
| STREET ADDRESS | 1106 MOUNT CURVE AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MINNEAPOLIS MN | 4.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JESSEN, JEFF | 5.2 NAME | |
| STREET ADDRESS | 1741 WOOD DUCK LANE | 5.3 STREET ADDRESS | 10148 QUARRY HILL PLACE |
| CITY-ST-ZIP | EXCELSIOR MN | 5.4 CITY-ST-ZIP | PARKER, CO 80134 |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARKER, SANDRA | 6.2 NAME | |
| STREET ADDRESS | 1506 E. NICHOLS CR | 6.3 STREET ADDRESS | 0 |
| CITY-ST-ZIP | LITTLETON CO | 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)(i), 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* SANDRA BARKER TREAS 3/22/98 (303) 792-0022

CR2E034 (10/97)