

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90033 014 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16717

1. Corporation Name
WESTERN STATES FIRE PROTECTION COMPANY



DO NOT WRITE IN THIS SPACE

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

Mailing Address
7026 S. TUCSON WAY
ENGLEWOOD CO 80112

3. Date Incorporated or Qualified
11/09/1987

4. FEI Number
84-0973303

Applied For
 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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	V	<input type="checkbox"/> DELETE
NAME	LEWIS, DWON G.	
STREET ADDRESS	7152 ODESSA CIRCLE	
CITY-ST-ZIP	AURORA CO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BEADIE, WILLIAM M.	
STREET ADDRESS	705 MONTCALM PLACE	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RACHEY, LOREN	
STREET ADDRESS	6630 HEMLOCK LANE	
CITY-ST-ZIP	MAPLE GROVE MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, LEE R.	
STREET ADDRESS	1106 MOUNT CURVE AVE.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JESSEN, JEFF	
STREET ADDRESS	10148 QUARRY HILL PL	
CITY-ST-ZIP	PARKER CO 80134	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARKER, SANDRA	
STREET ADDRESS	1506 E. NICHOLS CR	
CITY-ST-ZIP	LITTLETON CO	

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)(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, with all other like empowered.

SIGNATURE: Sandra Barker REQUIRED Sandra Barker 4/28/99 303-772-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)