FILE NOW	/: FILING	FEE	<b>AFTER</b>	MAY	1	IS	\$225	.00
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FILE	NOW. II	LINUILLAI	ILII IIIAI I IO	Ψ L L	U		····················		1-2
	ROFIT		FLORIDA DEPARTA	IENT C	DF ST	ATE			T. A.
	NOITARO		Sandra B. N	Northan	'n				
ANNUA	AL REPORT		Secretary of	of State	)		Ì		
1	996		DIVISION OF CO	RPORA	4OIT/	<b>I</b> S			
DOCUM 1. Corporation N		P32127	(3)						
•	BCT, INC.								
OODL	3011 1110								
Principal Place o			Mailing Address						
1185 OAK ST. LAKEWOOD C			1185 OAK ST. ATTN: TAX DEPT						
Dimetroop (	,0 002.0		LAKEWOOD CO 80215				3. Date Incorporated or Qualified	3a. Date of Last Rep	port
			U\$				12/11/1990	05/01/199	5
2. Principal Plac	ce of Business		2a. Mailing Address				4. FEI Number	<del> </del>	oplied For
21			26	·	<b>-</b>		84-1155788		ot Applicable
Suite, Apt. #,	, etc.	<u></u>	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	Additional equired
City & State			City & State				6. Election Campaign Financing	<b>\$5.00</b>	May Be
23		1	28				1 rust Fund Contribution	<del> </del>	to Fees
Zip	c	ountry	Zip	Cov	intry		8. This corporation has liability for	intangible tax under s s □No	99.032,
24	25	Address of Current Re		0	Ι		Florida Statutes		
<u></u>	9. Name one	quotess of Content to	State of Agent		81	Nanie			
CT COR	PORATION SY	STEM			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)	
	PINE ISLAND						,		
PLANTA'	TION FL 33324				83				
					84	City		FL 85 Zip	Code
11 Dureuant to	the provisions of	Sections 607 0502 and	1 607 1508. Florida Statutes.	the abo	DVE-D	amed corp	oration submits this statement for the pu	iroose of changing its re	gistered office
or registers	ad agont or both	in the State of Florida 5	Such change was authorized 307.0505, Florida Statutes.	by the	corpo	ration's bo	ard of directors. I hereby accept the app	pointment as registered	agent. I am
SIGNATURE	i, and accept the	oungations of, occitors	551.5555, 1.5755 544455						
8	Signature, typed or printe	id name of registored agent and t		Hogislare	i Ageril	signature requ	itac when reinstating! ADDITIONS/CHANGES TO OF	DATE FIGERS AND DIRECTOR	3S IN 12
12.	P	OFFICERS AND DI	DELETE	111	IITL <b>E</b>		7,001,101,010,010,010	Change	Addition Addition
NAME	WOOD, ED	WARD	<u></u> ,	1.2 N	IAME				8
STREET ADDRESS	13062 W L			1.3 \$	TREET.	ADDRESS			6
CITY - ST - ZIP	LAKEWOOD	) CO		1.4 (	ITY - ST	- ZIP			
TITLE	VP		DELETE	2 1				Change	Addition
NAME	DANVERS, 23337 FES				IAME	LDD3166			
STREET ADDRESS  CITY-ST-ZIP	GOLDEN C				CHIY-S'	ADDRESS 1-7IP			
TITLE	AS		DELFTE		TITLE	·		Change	Addition
NAME	HARINGTO			3.21	NAME				
STREET ADDRESS		T ARIZONA AVE.		3.3	STREET	ADDRESS			1
CITY-ST-ZIP	LAKEWOOL	) CO	FI bu bu		CITY - S	1-ZIP		Change	Addition
TITLE	ST LAWSON I	HERBERT S	DELETE		TITLE			[_] orange	
NAME CARCULA ADDRESS		RIDGE TEE DRIVE				ADDRESS			
STREET ADDRESS CITY-ST-ZIP	MORRISON			•	CITY-S				
TITLE	D		DELETE		TITLE			☐ Change	Addition
NAME	WAHLSTRO			5.2	NAME				
STREET ADDRESS	1185 OAK					ADDRESS			
CITY-ST-ZIP	LAKEW001	U CO	DELETE		CITY-S	1 - ZIP		Change	Addition
TITLE	D WOOD FO	WARD C. JR.	□ Derrite		TITLE NAME				
NAME STREET ADDRESS	1201 OAK					ADORESS			
CITY - S1 - ZIP	LAKEWOO			-	Cily-S				
, O								and the second s	

CITY-S1-ZIP LAKEWOOD CO

64 CITY-S1-ZIP

64 CITY-S1-ZIP

64 CITY-S1-ZIP

14. I do hereby certify that the information supplied 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 tris annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or protector of the corporation for 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 Bytek 13 y changes.

SIGNATURE:

Hewell Lawton Herbert SIGNATURE AND TYPES OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Herbert S. Lawson, Secretary/Treasurer 4/26/96 (303) 232-5500'

3800
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ï.

OFFICERS

DGO GRONDELLI EDWARD C. WOOD, JR. EDWARD J. GIACHETTI	Nate  MATS WAHLSTROM CHAIRMAN OF THE BOARD BERTHOLD LINDQVIST		Ass't Secretary  JACKIE HARRINGTON Ass't Secretary	Vice President HERBERT S. LAWSON Secretary and Treasurer BRICE WINSON	Name EDWARD C. WOOD, JR. President NANCY DANVERS Vice President WILLIAM MED Com-
Via Aldo Moro I/A J-43035 Felino, Italy 1201 Oak Street Lakewood, CO 80215 1185 Oak Street Lakewood, CO 80215	Business Address  1185 Oak Street Lakewood, CO 80215  Magistratsvagan 16 Box 10101  S-220 10 Lind, Sweden		14401 W. 65th Way Arvada, CO 80004 1185 Oak Street Lakewood, CO 80215	1201 Oak Street Lakewood, CO 80215 1185 Oak Street Lakewood, CO 80215	Business Address 1201 Oak Street. Lakewood, CO 80215 1201 Oak Street Lakewood, CO 80215
Via Trieste N 19-43030 San Michele Tiorre (PR) Italy 13062 W LaSalle Circle Lakewood, CO 80728 2404 South Yank Circle Lakewood, CO 80728	Home Addiress  2615 Oak Drive, Unit 16  Lakewood, CO 80215  Gamlegårdsvägen 50  S-216 20 Malmo, Sweden	COBE BCT, INC. BOARD OF DIRECTORS	2646 Birch Street Denver, CO 80207 12387 West Arizona Ave Lakewood, CO 80228	2572 South Adams St Denver, CO 80210 15865 W Ridge Tee Drive Morrison, CO 80465	Home Address 13062 W LaSalle Circle Lakewood, CO 80228 25337 Fescue Drive Golden, CO 80401
Non-resident slicn 548-66-7545 561-50-7773	Soc. Sec. # 521-\$1-4309 919-28-6582		497-50-9318 523-42-7038	522-81-7836 408-82-7289	\$00. \$00. # \$48-66-7545
October 29, 1991 October 29, 1991 July 7, 1995	Date of Appointment October 29, 1991 October 29, 1991		July 1, 1993 October 8, 1992	January I, 1994 October 29, 1991	Date of Appointment October 29, 1991 April 1, 1992