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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22189

(5)

1. Corporation Name

THERMAL-DYNAMIC TOWERS, INC.



Principal Place of Business 143 UNION BOULEVARD STE 400 LAKEWOOD CO 80228 US		Mailing Address 143 UNION BOULEVARD STE 400 LAKEWOOD CO 80228-1827 US		3. Date Incorporated or Qualified 12/20/1988	3a. Date of Last Report 03/06/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 51-0268494	Applied For Not Applicable
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSEN, THOMAS J.H.	1.2 NAME	
STREET ADDRESS	2873 CORTINA LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	EVERGREEN CO	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, CHRISTIE	2.2 NAME	
STREET ADDRESS	5355 MIRA SORRENTO PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMEISTER, GERALD	3.2 NAME	
STREET ADDRESS	5355 MIRA SORRENTO PL	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOCH, HERBERT	4.2 NAME	Director
STREET ADDRESS	143 UNION BOULEVARD #400	4.3 STREET ADDRESS	Rolf Schildmann
CITY - ST - ZIP	LAKEWOOD CO	4.4 CITY - ST - ZIP	Dorstener Strabr 484
TITLE		5.1 TITLE	Thomas J.H. Glassen
NAME		5.2 NAME	2873 Cortina Lane
STREET ADDRESS		5.3 STREET ADDRESS	Evergreen, Colorado
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

Thomas J. H. Glassen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 305 987 0123
Date Daytime Phone #

CR2E034 (9/96)