

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90043 025 \*\*\*150.00

DOCUMENT # **P22189**

1. Corporation Name

**GEA INTEGRATED COOLING TECHNOLOGIES, INC.**

Principal Place of Business

**143 UNION BOULEVARD  
STE 400  
LAKEWOOD CO 80228  
US**

Mailing Address

**143 UNION BOULEVARD  
STE 400  
LAKEWOOD CO 80228  
US**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City & State

**27**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified

**12/20/1988**

4. FEI Number

**51-0268494**

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

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBSON, JOHN C.</b>	
STREET ADDRESS	<b>1930 19TH AVE.</b>	
CITY-ST-ZIP	<b>GREELEY CO 80631</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>HALL, D. RAY</b>	
STREET ADDRESS	<b>154 FLORA WAY</b>	
CITY-ST-ZIP	<b>GOLDEN CO 80401</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>STACKHOUSE, DAVID W.</b>	
STREET ADDRESS	<b>28854 NEEDLES TRAIL</b>	
CITY-ST-ZIP	<b>EVERGREEN CO 80439</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>WERGES, CYNTHIA J.</b>	
STREET ADDRESS	<b>7763 SOUTH LOUTHAN STREET</b>	
CITY-ST-ZIP	<b>UTTLETON CO 80120</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALBERTZ, WOLFGANG</b>	
STREET ADDRESS	<b>DORSTENER STRABE 484</b>	
CITY-ST-ZIP	<b>D-4630 BOCHUM GE</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John C. Gibson, Pres/CEO 1/18/1999**

Date

Daytime Phone #

CR2E034 (11/98)