

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **512588** (5)

1. Corporation Name

MARGATE VIDEO SYSTEMS, INC.



Principal Place of Business

**5619 DTC PARKWAY
6TH FLOOR
ENGLEWOOD CO 80111**

Mailing Address

**P.O. BOX 5630
TAX DEPT.
DENVER CO 80217-5630**

3. Date Incorporated or Qualified
09/17/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-1693369

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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	PD	<input type="checkbox"/> DELETE
NAME	BARBERINI, THOMAS R.	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	MARSHALL, BARRY P.	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	VAT	<input type="checkbox"/> DELETE
NAME	BRETT, STEPHEN M.	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRUNSON, ELIEHUE	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	GOOKIN, NOLAN	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	HALSEY, GREG	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP/S
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP GARY S. HOWARD
4.3 STREET ADDRESS	5619 DTC PARKWAY
4.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111
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 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 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:

Greg Halsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Halsey
Assistant Vice President

4/25/96

(303) 267-5500

Date Daytime Phone #

CR2E034 (12/95)