

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # **841814**

(7)

1. Corporation Name

NATKIN SERVICE COMPANY

Principal Place of Business

**2775 S. VALLEJO STREET
ENGLEWOOD CO 80110
US**

Mailing Address

**2775 S. Vallejo St.
ENGLEWOOD CO 80110-1226
US**



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

3. Date Incorporated or Qualified

11/13/1978

3a. Date of Last Report

04/20/1996

4. FEI Number

44-0649955

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

**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

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	FRANKHAM, LANCE	
STREET ADDRESS	2700 S. ZUNI ST	
CITY- ST- ZIP	ENGLEWOOD CO 80110	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ARNOLD, LORRAINE	
STREET ADDRESS	2700 S. ZUNI ST.	
CITY- ST- ZIP	ENGLEWOOD CO 80110	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LANDRY, WILLIAM	
STREET ADDRESS	2700 S. ZUNI ST.	
CITY- ST- ZIP	ENGLEWOOD CO 80110	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, GARY	
STREET ADDRESS	2700 S. ZUNI ST.	
CITY- ST- ZIP	ENGLEWOOD CO 80110	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	FESLER, MARK	
STREET ADDRESS	2700 S. ZUNI ST	
CITY- ST- ZIP	ENGLEWOOD CO 80110	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MOFATT, TODD	
STREET ADDRESS	2700 S. ZUNI ST.	
CITY- ST- ZIP	ENGLEWOOD CO 80110	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHARLES R. SCHADER	
1.3 STREET ADDRESS	2775 S. VALLEJO STREET	
1.4 CITY- ST- ZIP	ENGLEWOOD, CO 80110	
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	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GLEN M. BRONSTEIN	
3.3 STREET ADDRESS	675 CENTRAL AVENUE	
3.4 CITY- ST- ZIP	NEW PROVIDENCE, NJ 07974	
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	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVID A. KUESTER	
5.3 STREET ADDRESS	2775 S. VALLEJO STREET	
5.4 CITY- ST- ZIP	ENGLEWOOD, CO 80110	
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 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: *Loraine M. Arnold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORRAINE M. ARNOLD 4/25/97 (303) 761-6603

Date

Day and Month

0496492

CR2E034 (9/96)