

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
 05-19-2001 90284 033 ***150.00

DOCUMENT # 843274

1. Entity Name IPS Card Solutions, Inc.

Principal Place of Business
 6200 SOUTH QUEBEC STREET.

Mailing Address

2. Principal Place of Business
 6200 S. Quebec St.,

3. Mailing Address
 6200 S. Quebec St.,

Suite, Apt. #, etc.
 Suite 210AS

Suite, Apt. #, etc.
 Suite 210AS

City & State
 Greenwood Village CO

City & State
 Greenwood Village CO

4. FEI Number
 79-1300913

Applied For
 Not Applicable

Zip
 80111-4729

Country

Zip
 80111-4729

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

552819

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	D	Delete
NAME	McNary, G. Douglas	
STREET ADDRESS	6200 S. Quebec Str	
CITY-ST-ZIP	Englewood Co 80111	
TITLE	D	☐ Delete
NAME	Patmore, Kimberly S.	
STREET ADDRESS	6200 S. Quebec Str	
CITY-ST-ZIP	Englewood Co 80111	
TITLE	AS	☐ Delete
NAME	Coyle, Adam P.	
STREET ADDRESS	6200 S. Quebec Str	
CITY-ST-ZIP	Englewood Co 80111	
TITLE	AS	☐ Delete
NAME	Skene-Stimac, Phyllis	
STREET ADDRESS	6200 S. Quebec Str	
CITY-ST-ZIP	Englewood Co 80111	
TITLE	AT	☐ Delete
NAME	Eldredge, Kevin	
STREET ADDRESS	6200 S. Quebec Str	
CITY-ST-ZIP	Englewood Co 80111	
TITLE	VP	☐ Delete
NAME	Cole, Royal W.	
STREET ADDRESS	6200 S. Quebec Str	
CITY-ST-ZIP	Englewood Co 80111	

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Phyllis Skene Stimac ASST. SECRETARY, 04/25/01 303-967-7142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #