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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **844753** **(4)**

1. Corporation Name
R A F FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
ONE NORWEST CENTER 1700 LINCOLN ST.32ND FL DENVER CO 80203 US	ONE NORWEST CENTER 1700 LINCOLN ST.32ND FL DENVER CO 80203-4501 US

3. Date Incorporated or Qualified: 12/05/1979
3a. Date of Last Report: 02/06/1996
4. FEI Number: 84-0678189 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 One Norwest Center	26 One Norwest Center
Suite, Apt. # etc. 22 1700 Lincoln St., 32nd Fl.	Suite, Apt. #, etc. 27 1700 Lincoln St., 32nd FL.
City & State 23 Denver, CO 80203	City & State 28 Denver, CO 80203
Zip 24	Country 25 USA
Zip 29	Country 30 USA.

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	~~MCMAHAN, MARSHA~~	1.2 NAME	GARY COOK
STREET ADDRESS	ONE NORWEST CTR., 1700 LINCOLN ST., 32 FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FITZNER, ROBERT A, JR	2.2 NAME	
STREET ADDRESS	ONE NORWEST CTR., 1700 LINCOLN, 32, FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	2.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	~~WILSON, ARLENE M.~~	3.2 NAME	GARY COOK
STREET ADDRESS	ONE NORWEST CTR., 1700 LINCOLN, 32ND FLR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Gary L Cook GARY L. COOK 3-27-97 303-860-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #