

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849287

(8)

1. Corporation Name

W. HEATH AND CO.

C.R. SCHADER CORPORATION (FORMERLY W. HEATH & CO.)

Principal Place of Business

2525 WALNUT HILL LANE
SUITE 101
DALLAS TX 75229

Mailing Address

2525 WALNUT HILL LANE
SUITE 101
DALLAS TX 75229-5826

3. Date Incorporated or Qualified

05/29/1981

3a. Date of Last Report

05/01/1996

4. FEI Number

95-1795417

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

21 2775 S. Valjejo St.

Suite, Apt. #, etc

2a. Mailing Address

26 P.O. BOX 1417

Suite, Apt. #, etc

22 City & State

23 Englewood, CO

24 8010

Country

27 City & State

28 ENGLEWOOD, CO

29 80150

Country

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	COO	<input checked="" type="checkbox"/> DELETE
NAME	O'DONNELL, TIMOTHY	
STREET ADDRESS	2525 WALNUT HILL LN. #101	
CITY-ST-ZIP	DALLAS TX 75221	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	PANTHER, DIANA	
STREET ADDRESS	2525 WALNUT HILL LN. #101	
CITY-ST-ZIP	DALLAS TX 75229	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANDRY, WILLIAM	
STREET ADDRESS	2700 SOUTH ZUNI STREET	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, GARY	
STREET ADDRESS	2700 SOUTH ZUNI STREET	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MATZEN, AMY	
STREET ADDRESS	2775 SOUTH VALLEJO STREET	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LORRAINE M. ARNOLD	
2.3 STREET ADDRESS	2775 S. VALLEJO STREET	
2.4 CITY-ST-ZIP	ENGLEWOOD, CO 80110	
3.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID A. KUESTER	
3.3 STREET ADDRESS	2775 S. VALLEJO STREET	
3.4 CITY-ST-ZIP	ENGLEWOOD, CO 80110	
4.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GLEN BRONSTEIN	
4.3 STREET ADDRESS	675 CENTRAL AVENUE	
4.4 CITY-ST-ZIP	ENGLEWOOD, CO 80110	
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 checked="" type="checkbox"/> Addition
6.2 NAME	200002195942	
6.3 STREET ADDRESS	-05/30/97--01044--008	
6.4 CITY-ST-ZIP	***165.00	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORRAINE M. ARNOLD 4/25/97 (303) 761-6608

Date

Daytime Phone #

CR2E034 (9/96)