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

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED
AND
FILED

95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **850528** **(1)**

1. Corporation Name

**FISCHBACH POWER SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2700 S ZUNI ST<br>ENGLEWOOD CO 80110<br>US | PO BOX 1258<br>ENGLEWOOD CO 80150<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1981** | 3a. Date of Last Report: **05/01/1994**

2. Principle Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: **04-2135977** | 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 Section 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | DIRECTOR | ☒ Change ☐ Addition |
| NAME | TURTURRO, AUGUST B | | |
| STREET ADDRESS | 2700 S ZUNI ST | | |
| CITY ST ZIP | ENGLEWOOD CO | | |
| TITLE | V | PRESIDENT | ☒ Change ☐ Addition |
| NAME | CARROLL, WILLIAM D | | |
| STREET ADDRESS | 4901 DERAMUS ST | | |
| CITY ST ZIP | KANSAS CITY MO | | |
| TITLE | P | EXECUTIVE VICE-PRESIDENT | ☒ Change ☐ Addition |
| NAME | LACROIX, GODFREY P. | | |
| STREET ADDRESS | 10 BURKE DRIVE | | |
| CITY ST ZIP | BROCKTON MA | | |
| TITLE | AS | | ☐ Change ☐ Addition |
| NAME | MATZEN, AMY L. | | |
| STREET ADDRESS | 2775 S. VALLEJO STREET | | |
| CITY ST ZIP | ENGLEWOOD CO | | |
| TITLE | SD | DIRECTOR | ☐ Change ☒ Addition |
| NAME | POLAN, STEVEN M DELETE | WILLIAM D. LANDRY | |
| STREET ADDRESS | 7 HANOVER SQUARE | 2700 S. ZUNI STREET | |
| CITY ST ZIP | NEW YORK NY | ENGLEWOOD, CO 80110 | |
| TITLE | T | | ☐ Change ☐ Addition |
| NAME | DRACH, W T | | |
| STREET ADDRESS | 2700 S ZUNI ST | | |
| CITY ST ZIP | ENGLEWOOD CO | | |

14. I do hereby certify that the information supplied with this report is accurate, and that I am not qualified 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 complete 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 above, or on an attachment with an entry therein.

**SIGNATURE:** AMY L. MATZEN, ASST. SEC. 4/27/95 (303) 761-0410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0491017 FN