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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 857185

(3)

1. Corporation Name

FISCHBACH PROPERTIES, INC.

Principal Place of Business

2775 S. Valjejo St.
ENGLEWOOD CO 80110
US

Mailing Address

2775 S. Valjejo St.
ENGLEWOOD CO 80110-1226
US



3. Date Incorporated or Qualified

07/22/1983

3a. Date of Last Report

04/20/1996

4. FEI Number

13-3136937

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANDRY, WILLIAM D.	
STREET ADDRESS	2700 S. ZUNI ST.	
CITY - ST - ZIP	ENGLEWOOD CO 80110	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, GARY L.	
STREET ADDRESS	2700 S. ZUNI ST.	
CITY - ST - ZIP	ENGLEWOOD CO 80110	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLENN, GERALD M.	
STREET ADDRESS	2700 S. ZUNI ST.	
CITY - ST - ZIP	ENGLEWOOD CO 80110	
TITLE	P/T	<input checked="" type="checkbox"/> DELETE
NAME	LANDRY, WILLIAM D.	
STREET ADDRESS	2700 S. ZUNI STREET	
CITY - ST - ZIP	ENGLEWOOD CO 80110	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, GARY L.	
STREET ADDRESS	2700 S. ZUNI STREET	
CITY - ST - ZIP	ENGLEWOOD CO 80110	
TITLE	A/S	<input type="checkbox"/> DELETE
NAME	ARNOLD, LORRAINE	
STREET ADDRESS	2700 S. ZUNI STREET	
CITY - ST - ZIP	ENGLEWOOD CO 80110	

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	GLEN BRONSTEIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Assistant SECRETARY	
2.3 STREET ADDRESS	675 CENTRAL AVENUE	
2.4 CITY - ST - ZIP	NEW PROVIDENCE, NJ 07974	
3.1 TITLE	DAVID A. KUESTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ASST. SECRETARY	
3.3 STREET ADDRESS	2775 S. VALLEJO STREET	
3.4 CITY - ST - ZIP	ENGLEWOOD, CO 80110	
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		<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 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:

Lorraine M. Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date Day: the Phone #

CR2E034 (9/96)