

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

19964-29-90

47694

C

DOCUMENT # 857328

(9)

1. Corporation Name

MULTI-FINANCIAL SECURITIES CORPORATION



Principal Place of Business

Mailing Address

5350 S. ROSLYN ST., STE 310
ENGLEWOOD CO 80111-2100

5350 S. ROSLYN ST., STE 310
ENGLEWOOD CO 80111-2100

3. Date Incorporated or Qualified

07/13/1983

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

21 370 17th St Ste 2250

2a. Mailing Address

26 370 17th St Ste 2250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

84-0858799

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

24 80202

25 USA

29 80202

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT. CORPORATION SYSTEM
8751 W. BROWARD BLVD.
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

TITLE ☐ DELETE

NAME PD
DIACHOK, GEORGE T.
STREET ADDRESS 5350 S ROSLYN ST. #310
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME AVPD
WALTER, BEVERLY M.
STREET ADDRESS 5350 S. ROSLYN ST. #310
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME STD
DOUGLAS, G. TEMPLE-TRUJ
STREET ADDRESS 5350 S. ROSLYN ST. #310
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME T
DOUGLAS G. TEMPLE-TRUJILLO
STREET ADDRESS 5350 S. ROSLYN ST. #310
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME VPD
DIACHOK, RUSSELL R.
STREET ADDRESS 5350 S. ROSLYN ST., #310
CITY-ST-ZIP ENGLEWOOD CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition

1.2 NAME DIACHOK, GEORGE
1.3 STREET ADDRESS 370 17th Street Suite 2250
1.4 CITY-ST-ZIP Denver, CO 80202

2.1 TITLE EXEC. ☒ Change ☐ Addition

2.2 NAME VICE PRESIDENT/DIRECTOR
2.3 STREET ADDRESS DIACHOK, RUSSELL
2.4 CITY-ST-ZIP 370 17th Street Suite 2250
Denver, CO 80202

3.1 TITLE Secretary/Treasurer ☒ Change ☐ Addition

3.2 NAME Temple-Trujillo, Douglas
3.3 STREET ADDRESS 370 17th Street Suite 2250
3.4 CITY-ST-ZIP Denver, CO 80202

4.1 TITLE Asst Vice President ☒ Change ☐ Addition

4.2 NAME Walter, Beverly
4.3 STREET ADDRESS 370 17th Street Suite 2250
4.4 CITY-ST-ZIP Denver, CO 80202

5.1 TITLE WOODBURY, DANA ☐ Change ☒ Addition

5.2 NAME 370 17th Street Suite 2250
5.3 STREET ADDRESS Denver, CO 80202
5.4 CITY-ST-ZIP Vice-President

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Douglas Temple-Trujillo

(303) 446-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)