

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90149 018 \*\*\*150.00

0119851 AT

**DOCUMENT # F00000001760**

1. Entity Name  
**HIE, INC.**



Principal Place of Business  
**1850 PARKWAY PLACE  
STE 1100  
MARIETTA GA 30067**

Mailing Address  
**1850 PARKWAY PLACE  
STE 1100  
MARIETTA GA 30067**

2. Principal Place of Business

**6400 S. Fiddler's Green Cr  
Suite, Apt. #, etc.  
Suite 1000**

3. Mailing Address

**6400 S. Fiddler's Green Cr  
Suite, Apt. #, etc.  
Suite 1000**

City & State  
**Englewood, CO**

City & State  
**Englewood, CO**

Zip  
**80111**

Country  
**USA**

Zip  
**80111**

Country  
**USA**

4. FEI Number **58-2112366**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SWEENEY, LORINE R 6400 S FIDDLERS GREEN CR #1000 ENGLEWOOD CO 80111</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT SCHERPING, GARY T 6400 S FIDDLERS GREEN CR #1000 ENGLEWOOD CO 80111</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DEAN, DEBORAH 6400 S FIDDLERS GREEN CR #1000 ENGLEWOOD CO 80111</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WACKWITZ, LINDA K 6400 S FIDDLERS CR #1000 WNGLEWOOD CO 80111</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED** T. Scherping  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/2003

(303) 488-2019

Date Daytime Phone #

CR2E034 (4/03)

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F00000001760



1. Entity Name  
HIE, INC.

Attachment #  
80133833

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STE 1100  
MARIETTA GA 30067

Mailing Address  
1850 PARKWAY PLACE  
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MARIETTA GA 30067

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Englewood, CO

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City

FL

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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Trust Fund Contribution. ☐

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
SWEENEY, LORINE R  
6400 S FIDDLERS GREEN CR #1000  
ENGLEWOOD CO 80111 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
SCHERPING, GARY T  
6400 S FIDDLERS GREEN CR #1000  
ENGLEWOOD CO 80111 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DEAN, DEBORAH  
6400 S FIDDLERS GREEN CR #1000  
ENGLEWOOD CO 80111 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
WACKWITZ, LINDA K  
6400 S FIDDLERS CR #1000  
WNGLEWOOD CO 80111 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
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SIGNATURE:

Gary T. Scherping

Gary T. Scherping

7/24/2003

(303) 488-2019

Date

Daytime Phone #

CR2E034 (4/03)