FILED

Jul 28, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam HIE, INC.		# F00000	0001760	(L)			Secretar 07-28-2003 901	•		
Principal Plac 1850 PARKWA STE 1100 MARIETTA GA	AY PLACE		Mailing Address 1850 Parkway Plac STE 1100 Marietta Ga 30067							
2. Principal P		ess ler's Green Cr	3. Mailing Address		Cross Cu		1 1001100 1141 00111 00141 00111 00111	E+ 84 PE	11811 18878	
Suite, Apt.	#, etc.	ACL S. GIEEN V.F.	6400 S. Fiddler's Green Cr. Suite, Apt. #, &c. Suite 1000				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e		City & State			4. F	*El Number 58-2112366		Ap	plied For
- Zin	wood, C	Country	Englewood, Zip	CO	try	-		<u>\$8</u>	.75 Add	t Applicable
801		USA	80111		USA		Certificate of Status Desired	Fee	Require	
		and Address of Current R	egistered Agent		Name	7. 1	Name and Address of New Reg	istered Age	nt	
		/ICE COMPANY			Street Address	(P.O. B	ox Number is Not Acceptable)	<u> </u>		
	/S STREET SSEE FL 32	301-2525		!				. "		
•					City			FL	Zip Code	9 .
8. The above	named entity	y submits this statement for	the purpose of changin	g its registere	ed office or regist	ered ag	ent, or both, in the State of Florid		iliar with,	and accept
the obligat	tions of regist	ered agent.								
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable.	(NOTE: Registered	d Agent signature requir	ed when re	instating)	DATE		
After Se	ptember 10	! FEE IS \$550.00 , 2003 Fee will be \$750.0 Florida Department of \$					9. Election Campaign Finan- Trust Fund Contribution.	cing		May Be to Fees
10.	DD	OFFICERS AND D		11.		AD	DITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6400 S FI	, Lorine R DDLERS Green CR #10 DOD CO 80111	□ Delete		i		(in the second s		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6400 S FI	IG, GARY T DDLERS GREEN CR #10 DOD CO 80111	□ Delete		í		: ,		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		BORAH DDLERS GREEN CR #10 DOD CO 80111	☐ Delete	•					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6400 S FI	Z, LINDA K DDLERS CR #1000 DOD CO 80111	☐ Delete		- 1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				Change	Addition
indicated of the cor	on this repor poration or th	t or supplemental report is ti	rue and accurate and ti rered to execute this re	hat my signat port as requir	ure shall have the	e same !	19.07(3)(i), Florida Statutes. I fur egal effect as if made under oath da Statutes; and that my name a	n: that I am a	ın officer (or director - L

SIGNATURE:

SCHOTTED THE STATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/2003 Date (303) 488-2019

Daytime

Daytime Phone #

R2E034 (4/03)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCL	JME	NT	#
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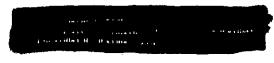
É00000001760

1. Entity Name HIE, INC.



Principal Place of Business Mailing Address 1850 PARKWAY PLACE 1850 PARKWAY PLACE

AHachmentt 90133833



MARIETTA GA 30067		MARIETTA GA 30067			and the second s			
2. Principal F	Place of Business	3. Mailing Address			proceedatile pragr			
6400	S. Fiddler's Green Cr	6400 S. Fiddle	r's Green	Cr.	•	•	•	
Suite, Apt.	#, etc. 1000	Suite, Apt. #, etc. Suite 1000			☐ CHECK HERE IF MAKING CHANGES			
City & State City & State					1. FEI Number 58-2112366		<u> </u>	pplied For
	wood, CO	Englewood, CO					 	lot Applicable
^{Zip} 801		Zip 80111	Country USA		5. Certificate of Status Desired		8.75 Ad ee Require	
	6. Name and Address of Current R	egistered Agent	None	7	. Name and Address of New R	egistered A	gent	
CODDOD	ATION SERVICE COMPANY		Name		•			
			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
=	'S STREET		L					
TALLAHA:	SSEE FL 32301-2525	•						
			City	,		FL	Zip Coc	de
	named entity submits this statement for	the purpose of changing its re	gistered office or re	gistered	agent, or both, in the State of Flo	rida. Lam fa	miliar with,	, and accept
the obligat	tions of registered agent.			•	•			
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature	required whe	en reinstating)	DATE		
, / E	u E Novilli EEE 10 ASE0.00	Z			<u> </u>			
	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.0	10			9. Election Campaign Fin	ancing	\$5.0)0 May Be
	k Payable to Florida Department of				Trust Fund Contribution	. L	Adder	d to Fees
10.	OFFICERS AND D	<u> </u>	11.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIBECTOR	S IN 11
TITLE	T DP	□ Delete	TITLE		ADDITIONO, OF ITS TOLES TO OFF		Change	Addition
NAME	SWEENEY, LORINE R	Dollic	NAME				Orkingo	T_1 (double)
STREET ADDRESS	6400 S FIDDLERS GREEN CR #10	000	STREET ADDRESS					ļ
CITY-ST-ZIP	ENGLEWOOD CO 80111		CITY-ST-ZIP					
TITLE	VPT	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	SCHERPING, GARY T	•	NAME					
STREET ADDRESS	6400 S FIDDLERS GREEN CR #10	000	STREET ADDRESS					
CITY-ST-ZIP	ENGLEWOOD CO 80111	·	CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE				Change	Addition
NAME	DEAN, DEBORAH		NAME					
STREET ADDRESS	6400 S FIDDLERS GREEN CR #10	100	STREET ADDRESS					
CITY-ST-ZIP	ENGLEWOOD CO 80111		CITY-ST-ZIP					
TITLE	S LANGUARTZ LINIDA K	☐ Delete	TITLE		•		Change	Addition
NAME	WACKWITZ, LINDA K 6400 S FIDDLERS CR #1000		NAMÉ PERET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	WNGLEWOOD CO 80111		STREET ADDRESS . CITY-ST-ZIP					
	THOLETTOOD OO TOTT		I					
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS				•	
CITY OT 710			CITY OF ZID		•			j

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 attachmen with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Gary T. Scherping

7/24/2003 Date

(303) 488-2019

Change

Addition

Daytime Phone #