

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90128 015 ***550.00

DOCUMENT # F00000003170

1. Entity Name
DIGITERRA, INC.

Principal Place of Business
400 INVERNESS DRIVE SOUTH, SUITE 300
ENGLEWOOD CO 80112

Mailing Address
400 INVERNESS DRIVE SOUTH, SUITE 300
ENGLEWOOD CO 80112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5251 DTC Parkway
 Suite, Apt. #, etc.
Suite 1400

3. Mailing Address
5251 DTC Parkway
 Suite, Apt. #, etc.
Suite 1400

City & State
Greenwood Village, CO
 Zip
80111 Country
USA

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Greenwood Village, CO
 Zip
80111 Country
USA

4. FEI Number **84-1539041**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WATSON, CLAUDE C 400 INVERNESS DRIVE SOUTH, SUITE 300 ENGLEWOOD CO 80112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President R. Michael Mayores 5251 DTC Parkway, Suite 1400 Greenwood Village, CO 80111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO WHEELER, RUSS 400 INVERNESS DRIVE SOUTH, SUITE 300 ENGLEWOOD CO 80112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer + VP David Durhan 5251 DTC Parkway, Suite 1400 Greenwood Village, CO 80111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GOCHENAUR, JON 400 INVERNESS DRIVE SOUTH, SUITE 300 ENGLEWOOD CO 80112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Pong Suvarnasorn 5251 DTC Parkway, Suite 1400 Greenwood Village, CO 80111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS EMMONS, BRIAN 400 INVERNESS DRIVE SOUTH, SUITE 300 ENGLEWOOD CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Brian Emmons 5251 DTC Parkway, Suite 1400 Greenwood Village, CO 80111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LOFREDO, CHRISTOPHER 5251 DTC PARKWAY, SUITE 1400 ENGLEWOOD CO 80111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President + AS Christopher Loffredo 5251 DTC Parkway, Suite 1400 Greenwood Village, CO 80111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLINGERLUND, MAC J 400 INVERNESS DRIVE SOUTH, SUITE 300 ENGLEWOOD CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/Sec/ Director Mac J. Slingerlund 5251 DTC Parkway, Suite 1400 Greenwood Village, CO 80111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE** **VP** **2/22/02** **303-220-0107**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #