2003 FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

TITLE TVP DURHAM, DAVID Delete DURHAM, DAVID STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80111 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80112 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80112 TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80112 TITLE NAME STREET ADDRESS CORY-ST-ZIP TITLE NAME STREET ADDRESS CORY-ST-ZIP GREENWOOD VILLAGE CO 80112 TITLE NAME STREET ADDRESS CORY-ST-ZIP TITLE	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Jan 27, 2003 8:00 am		0655651	
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SOUTH PINE ISLAND ROAD PLANTATION FL 33324 S. FILE NOW!! FEE IS 150.00 S	5251 DTC PARKWAY SUITE 1400		5251 DTC PARKWAY SUITE 1400					
COUNTY State Country C	52511	DTC Parkway #, etc.	525 DTC Suite, Apt. #, etc.		1			
COUNTY US A COUNTY US A S. Certificate of Status Desired \$8.75 Additional Fee Required Fee R	City & Stat	ie	City & State		4. FEI Number 84-1539041			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 B. The above named writty submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I um farms ier with, and accept the occligations of registered agent. SIGNATURE: City FL Zip Code			Zip	Country	5. Certificate of Status Desired [
Street Address (P.O. Box Number is Not Acceptance) Street Address (P.O. Box Number is Not Acceptance)		6. Name and Address of Current F	egistered Agent	Nama	7. Name and Address of New Regis	tered Agent	7	
PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATUPE Synthetic pole of united control department of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATUPE Synthetic pole of united control of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the obligation of the control of the obligations of the control of the contr					ess (P.O. Box Number is Not Acceptable)			
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Speakers, hyereof are premeral and an error land professions and their applications (PCEE Registered Agent signature required when revisioning)			the purpose of changing its re	gistered office or registe	ered agent, or both, in the State of Florida	I am familiar with, and accept		
### After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: A	legistered Agent signature require	ad when reinstating)	DATE		
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE	. Afte	r May 1, 2003 Fee will be \$550.00	State	1	,			
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GREENWOOD VILLAGE CO 80111 TITLE NAME SLINGERLEND, MAC J STREET ADDRESS CITY-ST-ZIP GREENWOOD VILLAGE CO 80112 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 empoyated. SIGNATURE: SIGNATURE: 123 103 (303) 220 ~ 0100	NAME	VPAS LOFFRADO, CHRISTOPHER	☐ Delete	NAME		☐ Change ☐ Addition		
SUNGERLEND, MAC J 5251 DTC PARKWAY, SUITE 1400 CITY-ST-ZIP GREENWOOD VILLAGE CO 80112 12. I hereby certify that the information supplemental report is true and adcurate 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: SUNGERLEND, MAC J STREET ADDRESS CITY-ST-ZIP SITY-ST-ZIP S			_					
CITY-ST-ZIP GREENWOOD VILLAGE CO 80112 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 adcurate 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: (303) 228 - 0100	NAME	SLINGERLEND, MAC J	☐ Delete	NAME		☐ Change ☐ 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 adcurate 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 his 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: (303) 228 - 0100				i l				
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