

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90327 005 ***150.00

DOCUMENT # F00000003170

1. Entity Name
DIGITERRA, INC.



Principal Place of Business
**5251 DTC PARKWAY
SUITE 1400
ENGLEWOOD CO 80111**

Mailing Address
**5251 DTC PARKWAY
SUITE 1400
ENGLEWOOD CO 80111**

00011100



2. Principal Place of Business
5251 DTC Parkway

3. Mailing Address
5251 DTC Parkway

Suite, Apt. #, etc.
Suite 1400

Suite, Apt. #, etc.
Suite 1400

City & State
Greenwood Village, CO

City & State
Greenwood Village, CO

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **84-1539041**

Applied For
Not Applicable

Zip **80111** Country **USA**

Zip **80111** Country **USA**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MAYORES, R. MICHAEL**
STREET ADDRESS **5251 DTC PARKWAY, SUITE 1400**
CITY-ST-ZIP **GREENWOOD VILLAGE CO 80111**

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

TITLE **TVP** ☐ Delete
NAME **DURHAM, DAVID**
STREET ADDRESS **5251 DTC PARKWAY, SUITE 1400**
CITY-ST-ZIP **GREENWOOD VILLAGE CO 80111**

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

TITLE **VP** ☐ Delete
NAME **SUARNASORM, PONG**
STREET ADDRESS **5251 DTC PARKWAY, SUITE 1400**
CITY-ST-ZIP **GREENWOOD VILLAGE CO 80111**

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

TITLE **AS** ☐ Delete
NAME **EMMONS, BRIAN**
STREET ADDRESS **5251 DTC PARKWAY, SUITE 1400**
CITY-ST-ZIP **GREENWOOD VILLAGE CO 80111**

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

TITLE **VPAS** ☐ Delete
NAME **LOFFRADO, CHRISTOPHER**
STREET ADDRESS **5251 DTC PARKWAY, SUITE 1400**
CITY-ST-ZIP **GREENWOOD VILLAGE CO 80111**

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

TITLE **CSD** ☐ Delete
NAME **SLINGERLEND, MAC J**
STREET ADDRESS **5251 DTC PARKWAY, SUITE 1400**
CITY-ST-ZIP **GREENWOOD VILLAGE CO 80112**

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

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 (303) 220-0100
Date Daytime Phone #

CR2E034 (10/02)