2001 UNIFORM BUSINESS REPORT (UBR)

Mar 23, 2001 8:00 am DOCUMENT # F00000003228 **Secretary of State** MKK CONSULTING ENGINEERS, INC. 03-23-2001 90014 044 ***150.00 Principal Place of Business Mailing Address 7350 EAST PROGRESS PLACE, #100 7350 EAST PROGRESS PLACE, #100 ENGLEWOOD CO 80111 ENGLEWOOD CO 80111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 84-0601825 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required -- 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Change Addition TITLE ☐ Delete ALMQUIST, NORMAN NAME NAME 7350 E. PROGRESS PLACE, #100 STREET ADDRESS STREET ADDRESS ENGLEWOOD CO 80111 CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Delete Addition TITLE TITLE PARKS, JOHN NAME NAME 500 E. 18TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CHEYENNE WY 82001** Change ☐ Addition TITLE ... Delete_ TITLE MONICAL, STUART NAME NAME 7350 E. PROGRESS PLACE, #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD CO 80111 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OF SIGNING OFFICER OR DIRECTOR