

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90025 035 \*\*\*150.00

**DOCUMENT # F00000004019**

**1. Entity Name**  
**MERRICK & COMPANY**

**Principal Place of Business**  
**2450 SOUTH PEORIA STREET**  
**AURORA CO 80014**

**Mailing Address**  
**2450 SOUTH PEORIA STREET**  
**AURORA CO 80014**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**84-0499702**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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.**

**SIGNATURE** *[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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PCD** ☐ Delete  
**NAME** **CHRISTIE, RALPH W**  
**STREET ADDRESS** **9586 CHERRYVALE DRIVE**  
**CITY-ST-ZIP** **HIGHLANDS RANCH CO 80126**

**TITLE** **CEO** ☒ Change ☐ Addition  
**NAME** **CHRISTIE, RALPH W. JR.**  
**STREET ADDRESS** **2450 S. PEORIA ST.**  
**CITY-ST-ZIP** **AURORA CO 80014**

**TITLE** **VD** ☐ Delete  
**NAME** **HUELSKAMP, DAVID G**  
**STREET ADDRESS** **7010 S. FILLMORE COURT**  
**CITY-ST-ZIP** **LITTLETON CO 80122**

**TITLE** **VICE PRESIDENT - DIRECTOR** ☒ Change ☐ Addition  
**NAME** **HUELSKAMP, DAVID G**  
**STREET ADDRESS** **2450 S. PEORIA ST.**  
**CITY-ST-ZIP** **AURORA CO 80014**

**TITLE** **D** ☐ Delete  
**NAME** **JENNINGS, ANNE M**  
**STREET ADDRESS** **1101 5TH AVENUE**  
**CITY-ST-ZIP** **SAN RAFAEL CA 94901**

**TITLE** **Powe V.P. - Director** ☒ Change ☐ Addition  
**NAME** **POWELL, A. JAY**  
**STREET ADDRESS** **2450 S. PEORIA ST.**  
**CITY-ST-ZIP** **AURORA CO 80014**

**TITLE** **D** ☐ Delete  
**NAME** **LAY, JOHN I**  
**STREET ADDRESS** **650 ASH STRET**  
**CITY-ST-ZIP** **DENVER CO 80220**

**TITLE** **V.P. - Director** ☒ Change ☐ Addition  
**NAME** **Reibold, Marty J.**  
**STREET ADDRESS** **2450 S. PEORIA ST.**  
**CITY-ST-ZIP** **AURORA CO 80014**

**TITLE** **D** ☐ Delete  
**NAME** **MCLAGAN, J. NEIL**  
**STREET ADDRESS** **1551 LARIMER STREET, #501**  
**CITY-ST-ZIP** **DENVER CO 80202**

**TITLE** **V.P. - Director** ☒ Change ☐ Addition  
**NAME** **SPREngle, David A.**  
**STREET ADDRESS** **2450 S. PEORIA ST.**  
**CITY-ST-ZIP** **AURORA CO 80014**

**TITLE** **VD** ☐ Delete  
**NAME** **POWELL, A. JAY**  
**STREET ADDRESS** **12 BARRINGTON DRIVE**  
**CITY-ST-ZIP** **LITTLETON CO 80127**

**TITLE** **Director** ☒ Change ☐ Addition  
**NAME** **MCLAGAN, J. NEIL**  
**STREET ADDRESS** **1551 Larimer St. #501 543 Santa Fe Dr.**  
**CITY-ST-ZIP** **DENVER CO 80204**

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-02 303.761-0741

CR2E034 (9/01)