

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004019

Entity Name: MERRICK & COMPANY

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

2450 SOUTH PEORIA STREET
AURORA, CO 80014

New Principal Place of Business:

Current Mailing Address:

2450 SOUTH PEORIA STREET
AURORA, CO 80014

New Mailing Address:

FEI Number: 84-0499702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: CHRISTIE, RALPH W JR.
Address: 2450 S PEORIA ST
City-St-Zip: AURORA, CO 80014

Title: VPD () Delete
Name: HUELSKAMP, DAVID G
Address: 2450 S PEORIA ST
City-St-Zip: AURORA, CO 80014

Title: VPD () Delete
Name: SPRENKLE, DAVID A
Address: 2450 S. PEORIA STREET
City-St-Zip: AURORA, CO 80014

Title: D () Delete
Name: LAY, JOHN I
Address: 650 ASH STRET
City-St-Zip: DENVER, CO 80220

Title: D () Delete
Name: MCLAGAN, J. NEIL
Address: 543 SANTA FE DR
City-St-Zip: DENVER, CO 80224

Title: D () Delete
Name: SHERRY, CHRISTOPHER C
Address: 2450 S PEORIA ST
City-St-Zip: AURORA, CO 80014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A SPRENKLE

VPD

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date