

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90012 029 ***150.00

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1. Entity Name
ALTERNATIVE DATA TECHNOLOGY, INC.



Principal Place of Business

24 INVERNESS PLACE EAST
ENGLEWOOD, CO 80112

Mailing Address

24 INVERNESS PLACE EAST
ENGLEWOOD, CO 80112

J40000016



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1098180

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	TATUM, RONNY D
STREET ADDRESS	7800 EAST ILIFF, UNIT E
CITY- ST- ZIP	DENVER, CO 80231
TITLE	DVS
NAME	ZORN, TOM L
STREET ADDRESS	7800 EAST ILIFF, UNIT E
CITY- ST- ZIP	DENVER, CO 80231
TITLE	P
NAME	BOTTI, WILLIAM
STREET ADDRESS	24 INVERNESS PLACE EAST
CITY- ST- ZIP	ENGLEWOOD, CO 80112

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04

Date

800 544 7674

Daytime Phone #