

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90083 009 ***150.00

DOCUMENT # F01000000605

1. Entity Name
SHR INC.

Principal Place of Business
1125 17TH STREET, STE 2200
DENVER CO 80202

Mailing Address
1125 17TH STREET, STE 2200
DENVER CO 80202

2. Principal Place of Business
709 CLARKSON ST
 Suite, Apt. #, etc.

3. Mailing Address
709 CLARKSON ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DENVER CO 80218

City & State
DENVER CO.

4. FEI Number
84-1160936

Applied For
 Not Applicable

Zip
80218 Country
USA

Zip
80218 Country
USA

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

WITWICKY, LAILA
2111 GLENWOOD DRIVE
WINTER PARK FL 32792

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 N.A. DATE **4/4/2002**
Signature, typed, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	STARK, CHARLES R	
STREET ADDRESS	7659 ROBB STREET	
CITY-ST-ZIP	ARVADA CO	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STORM, DAVID B	
STREET ADDRESS	9190 W. PROGRESS PLACE	
CITY-ST-ZIP	LITTLETON CO	
TITLE	T	<input type="checkbox"/> Delete
NAME	BELL, CAROLE	
STREET ADDRESS	4303 E. LINKS PKWY	
CITY-ST-ZIP	LITTLETON CO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: DATE **4/4/2002** DAYTIME PHONE # **303 831-1114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)