


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90077 026 \*\*\*150.00

**DOCUMENT # F0100000608**  
 1. Entity Name  
 VOYANT TECHNOLOGIES, INC.



Principal Place of Business: 1765 WEST 121ST AVE WESTMINSTER, CO 80234  
 Mailing Address: 1765 WEST 121ST AVE WESTMINSTER, CO 80234

**94044375**



2. Principal Place of Business: 4750 Willow Rd  
 Suite, Apt. #, etc.  
 3. Mailing Address: 4750 Willow Rd.  
 Suite, Apt. #, etc.

03252004 Chg-P CR2E034 (10/03)

City & State: Pleasanton, CA  
 Zip: 94588 Country: USA

4. FEI Number: 84-1504410  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
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**  
**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: PCEO NAME: ERNSTROM, WILLIAM P STREET ADDRESS: 1765 WEST 121ST AVE CITY-ST-ZIP: WESTMINSTER, CO 80234	<input checked="" type="checkbox"/> Delete
TITLE: CFOS NAME: GATCHELL, GARY STREET ADDRESS: 1765 WEST 121ST AVE CITY-ST-ZIP: WESTMINSTER, CO 80234	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: SOANE, MARK STREET ADDRESS: 1700 LINCOLN ST. #2000 CITY-ST-ZIP: DENVER, CO 80203	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: DETAMPEL, DONALD F STREET ADDRESS: 6969 WEST 90TH AVENUE, #927 CITY-ST-ZIP: WESTMINSTER, CO 80021	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: JAGGERS, KURT STREET ADDRESS: 70 WILLOW ROAD, SUITE 100 CITY-ST-ZIP: MENLO PARK, CA 94025	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: HUTCHSON, ZENAS STREET ADDRESS: 1765 W. 121ST AVE. CITY-ST-ZIP: WESTMINSTER, CO 80234	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President NAME: Crusco, Kathy STREET ADDRESS: 4750 Willow Rd. CITY-ST-ZIP: Pleasanton CA 94588	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Secretary NAME: David Winters STREET ADDRESS: 9040 Roswell Rd. Suite 450 CITY-ST-ZIP: Atlanta, GA 30350	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CEO NAME: Mike Kourey STREET ADDRESS: 4750 Willow Rd. CITY-ST-ZIP: Pleasanton, CA 94588	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Director NAME: Kathy Crusco STREET ADDRESS: 4750 Willow Rd CITY-ST-ZIP: Pleasanton, CA 94588	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Director NAME: David Winters STREET ADDRESS: 9040 Roswell Rd Suite 450 CITY-ST-ZIP: Atlanta, GA 30350	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kathy Crusco Kathy Crusco 3/26/04 925925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5731