

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90028 028 ***550.00

DOCUMENT # F02000000851

1. Entity Name
FDC ACQUISITION, INC.



Principal Place of Business
5200 HAHNS PEAK DRIVE
LOVELAND, CO 80538

Mailing Address
5200 HAHNS PEAK DRIVE
LOVELAND, CO 80538

50063921



08192005 No Chg-P CR2E034 (10/03)

4. FEI Number
84-1482387

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VPS
NAME DONNAN, JAMES N
STREET ADDRESS 2600 SOMERVILLE CT
CITY-ST-ZIP FT COLLINS, CO

TITLE SVP
NAME NEIBERGER, TODD A
STREET ADDRESS 8404 E. COUNTY RD 3
CITY-ST-ZIP FT COLLINS, CO

TITLE P
NAME DONNAN, JERALD H
STREET ADDRESS 6921 E COUNTY RD 54
CITY-ST-ZIP FT COLLINS, CO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-05
Date

Daytime Phone #