2003 FOR PROFIT CORPORATION

FILED Jan 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** F02000001846 DOCUMENT # 01-28-2003 90079 047 ***150.00 COLORADO INDUSTRIAL CONSTRUCTION SERVICES COMPA Y, INC. Principal Place of Business Mailing Address 11445 W. I-70 FRONTAGE RD. N. STE. 101 JUULLUUR 11445 W. I-70 FRONTAGE RD. N. STE. 101 WHEAT RIDGE CO 80033 WHEAT RIDGE CO 80033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 84-1247734 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUSINESS FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 1000 W. AVE., STE. 1114 MIAMI BEACH FL 33139 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Addition TITLE PRALL, JAMES R NAME 11445 W. I-70 FRONTAGE RD. N, STE. 101 STREET ADDRESS STREET ADDRESS WHEAT RIDGE CO 80033 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITI F TITLE NAME Jackson, Larry D NAME 3855 ELK DR. STREET ADDRESS STREET ADDRESS WESTMINSTER CO 80030 CITY-ST-ZIP CITY-ST-ZIP SECRETARY ☐ Delete TITLE Change Addition TOTÉE DONNA BROSTER NAME NAME 4445 W. I-TO FRONTAGE RO. N. STED STREET ADDRESS TREET ADDRESS CITY-ST-ZIP WHEAT RIPGE, CO 80033 CITY-ST-ZIP TITI F ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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 accuracy with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

☐ Delete

303-463-Z840

Change

Addition

Addition