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SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000003834																																																																																																																													
1. Entity Name CLEAN AIRPORT PARTNERSHIP, INC.																																																																																																																													
Principal Place of Business 300 UNION BLVD. #500 LAKEWOOD, CO 80228		Mailing Address 300 UNION BLVD. #500 LAKEWOOD, CO 80228																																																																																																																											
2. Principal Place of Business 12600 W. Colfax Ave		3. Mailing Address Same																																																																																																																											
Suite, Apt. #, etc. C-400		Suite, Apt. #, etc.																																																																																																																											
City & State Laurelwood, CO		City & State																																																																																																																											
Zip 80215		Country																																																																																																																											
4. FEI Number 86-1451126		Applied For ☐ Not Applicable																																																																																																																											
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																													
6. Name and Address of Current Registered Agent AIA CORPORATE SERVICES INC. 1211 BRICKELL AVE STE. 900 MIAMI, FL 33131		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 _____																																																																																																																													
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																													
Make Check Payable to Florida Department of State																																																																																																																													
10. OFFICERS AND DIRECTORS																																																																																																																													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																													
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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 817, 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 the empowered.																																																																																																																													
SIGNATURE: <u>A. J. [Signature]</u> Date: <u>7/21/03</u> 303462-1677																																																																																																																													

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