

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001751

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE S. M. STOLLER CORPORATION

Current Principal Place of Business:

105 TECHNOLOGY DRIVE
SUITE 190
BROOMFIELD, CO 80021

New Principal Place of Business:

Current Mailing Address:

105 TECHNOLOGY DRIVE
SUITE 190
BROOMFIELD, CO 80021

New Mailing Address:

FEI Number: 13-2635898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOMBARDO, NICHOLAS
Address: 6445 ACRE CT.
City-St-Zip: NIWOT, CO 80503

Title: SVP () Delete
Name: MORAN, JAMES
Address: 11021 MARSHALL ST.
City-St-Zip: WESTMINSTER, CO 80020

Title: SVP () Delete
Name: HULL, CURTIS
Address: 8589 INGALLS CIR.
City-St-Zip: ARVADA, CO 80003

Title: T () Delete
Name: GORDON, JOSEPH
Address: 1409 KALMIA AVE.
City-St-Zip: BOULDER, CO 80304

Title: O () Delete
Name: GAIL, DOUGLAS
Address: 1435 PRESTO #7
City-St-Zip: IDAHO FALLS, ID 83402

Title: VP () Delete
Name: OLSON, ERIC
Address: 4408 WELLINGTON RD.
City-St-Zip: BOULDER, CO 80301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS LOMBARDO

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date