

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000003573

FILED
Oct 12, 2009
Secretary of State

Entity Name: METROPOLITAN ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Principal Place of Business:

7721 W. 6TH AVE.
STE G
LAKEWOOD, CO 80214 US

New Principal Place of Business:

Current Mailing Address:

7721 W. 6TH AVE.
STE G
LAKEWOOD, CO 80214 US

New Mailing Address:

FEI Number: 84-0515942 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: CT CORPORATION SYSTEM

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, LLOYD
Address: 1001 MERCURY DR
City-St-Zip: LAFAYETTE, CO 80026

Title: D () Delete
Name: SATNER, CHARLES
Address: 17401 W 54TH PLACE
City-St-Zip: GOLDEN, CO 80402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LLOYD LEWIS

CEO

10/12/2009

Electronic Signature of Signing Officer or Director

Date