## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 29, 2005 8:00 am Secretary of State DOCUMENT # F03000004307 04-29-2005 90245 005 \*\*\*158.75 1. Entity Name STONECREEK FUNDING CORPORATION Principal Place of Business Mailing Address 14009097 **1515 WAZEE 1515 WAZEE** SUITE 300 SUITE 300 **DENVER, CO 80202 DENVER, CO 80202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc! Suite, Apt. #. etc. 04182005 Chg-P CR2E034 (10/03) 1200 City & State City & State 4. FEI Number Applied For Denver 84-1573927 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Denver Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARACORP INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Channe ☐ Addition BROOKS, SCOTT NAME NAME STREET ADDRESS 1515 WAZEE, SUITE 300 STREET ADDRESS CITY-ST-ZIP **DENVER, CO 80202** CITY-ST-ZIP TITLE DΡ ☐ Delete TITLE Change ☐ Addition Matt Klaess KLAESS, MATT NAME NAME 4600 S. Syracuse st suit 1200 STREET ADDRESS 1515 WAZEE, SUITE 300 STREET ADDRESS Denver Lo 80237 **DENVER, CO 80202** CITY-ST-ZIP CITY-ST-7JP DT TITLE ☐ Defete TITLE ☐ Change ☐ Addition DELL. DAVID NAME NAME STREET ADDRESS 1515 WAZEE, SUITE 300 STREET ADDRESS CITY-ST-ZIP DENVER, CO 80202 CITY-ST-ZIP Addition TITLE ☐ Defete TITLE ☐ Change Mark Korell NAME NAME 4600 S. Syracuse St Suite 1200 STREET ADDRESS STREET ADDRESS Denuer Co 80237 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZA TITLE ☐ Delete DDE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Chagter 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. 203 355 - 1304 ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR.

FILED