


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90154 009 ***150.00

DOCUMENT # F03000004734 1. Entity Name METRO BAYSIDE LENDING CORPORATION					
Principal Place of Business 5445 DTC PARKWAY #870 GREENWOOD VILLAGE, CO 80111			Mailing Address 225 UNION BLVD., #300 LAKEWOOD, CO 80228		
2. Principal Place of Business		3. Mailing Address 5445 DTC Pkwy			
Suite, Apt. #, etc.		Suite/Apt. #, etc. 870			
City & State		City & State Greenwood Village, CO			
Zip 80111	Country USA	4. FEI Number 84-1103572		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHWAB, TOMMIE 220 BELLEVIEW BLVD., #706 BELLEAIR, FL 33756			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MCPHERSON, TERALD L 8256 BALSAM WAY ARVADA, CO 80005	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC William T. Harvey 3010 Wyecliff Lane Highlands Ranch, CO 80126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CAVNAUGH, DANIEL J 7435 S. CLARKSON CIRCLE CENTENNIAL, CO 80122	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rick Hill 18130 E Peakview Ave Aurora, CO 80016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CAVNAUGH, DANIEL J 7435 S. CLARKSON CIRCLE CENTENNIAL, CO 80122	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/treas Michael May 12936 Arczzo Cir Parker, CO 80134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNER, CHRIS 225 UNION BLVD #300 LAKEWOOD, CO 80228	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David E. Rains 9790 W. 82nd Ave Arvada, CO 80005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKEY, PAMELA K 225 UNION BLVD #300 LAKEWOOD, CO 80228	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete				
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 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.					
SIGNATURE: <u>David E. Rains</u> DAVID E. RAINS 4/26/05 303-694-0705 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Director</u> Date Daytime Phone #					