


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90008 014 \*\*\*150.00

DOCUMENT # F04000003655	
1. Entity Name WESGRAY CORPORATION	

Principal Place of Business TOWER TWO, SUITE 990 2000 S. COLORADO BOULEVARD DENVER, CO 80222	Mailing Address TOWER TWO, SUITE 990 2000 S. COLORADO BOULEVARD DENVER, CO 80222
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40086488



2. Principal Place of Business 2000 S. Colorado Blvd.	3. Mailing Address 2000 S. Colorado Blvd.
Suite, Apt. #, etc. Suite # 2-800	Suite, Apt. #, etc. Suite # 2-800
City & State Denver CO	City & State Denver CO
Zip 80222	Country USA

05122005 Chg-P CR2E034 (10/03)

4. FEI Number  
84-1473502

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RIEDINGER, KIRK T 2000 S. COLORADO BLVD., SUITE 990 DENVER, CO 80222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TURNER, JAMES Z 2000 S. COLORADO BLVD., SUITE 990 DENVER, CO 80222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BLOME, NORMAN 2000 S. COLORADO BLVD., SUITE 990 DENVER, CO 80222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 S. Colorado Blvd. Ste # 2-800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 S. Colorado Blvd. Ste # 2-800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 S. Colorado Blvd. Ste # 2-800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Norman Blome 5/17/05 720-524-5800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #