## **2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## Aug 10, 2005 8:00 am Secretary of State DOCUMENT # F05000000096 1. Entity Name 08-10-2005 90016 027 \*\*\*550.00 SPECTRA LOGIC CORPORATION Principal Place of Business Mailing Address 1700 NORTH 55TH ST. 1700 NORTH 55TH ST. BOULDER CO 80301 BOULDER CO 80301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (5/05) City & State 4. FEI Number Applied For City & State 84-0922076 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. /3RETTO. Huston (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150,00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE CEO TITLE ☐ Delete Addition Addition NAME THOMPSON, NATHAN NAME 9195 GUNBARREL RIDGE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOULDER CO 80301 CITY-ST-ZIP COOD TITLE ☐ Detete TITLE ☐ Change ☐ Addition DALGLEISH, SCOTT NAME STREET ADDRESS 5479 SENECA PLACE STREET ADDRESS **BOULDER CO 80301** CITY-ST-7IP CITY-ST-ZIP Dolete D VPSD-☐ Delete **TR** Change TITLE TITLE Addition NAME HUTSON, BRETT NAME 1130 Sunset OK. STREET ADDRESS STREET ADDRESS 10920 DEPEW PLACE CITY-ST-ZIP WESTMINSTER CO 80020 CITY-ST-ZIP Broomfield CO FOOZO Change ☐ Addition ☐ Delete LEHMAN, SCOTT NAME NAME 6368 S. WOLF COURT STREET ADDRESS STREET ADDRESS LITTLETON CO 80120 CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE Delete TITLE SAUSA, MICHAEL NAME NAME 207 ANTELOPE RD. STREET ADDRESS STREET ADDRESS **LYONS CO 80540** CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change Addition THOLEN, JAMES NAME NAME 182 RIVER PARK ROAD STREET ADDRESS STREET ADDRESS **GREEN FALLS VA 22066** CITY-ST-ZIP CITY-\$1-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 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.

**FILED** 

SIGNATURE: Nel OX BRETT O. HUSTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR