2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001077

Entity Name: Q MARK INCORPORATED

FILED May 01, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
3025 S PARKER RD SUITE 800 AURORA, CO 80014				6 INVERNESS COURT EAST SUITE 220 ENGLEWOOD, CO 80012			
Current Mailing Address:				New Mailing Address:			
3025 S PARKER RD SUITE 800 AURORA, CO 80014				2901 OHIO BOULEVARD SUITE 112 TERRE HAUTE, IN 47803			
FEI Number:	84-1425549	FEI Number Applied	For () FEI Nur	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered	Agent:	Name and	Address of	f New Registered Agent:	
4284 SANC	H, ANTHONY TUARY WAY PRINGS, FL 3	•					
The above in the State		submits this statemer	nt for the purpose o	of changing it	s registered	d office or registered agent, or both,	
SIGNATUR	E:						
	Electron	ic Signature of Regis	tered Agent			Date	
		3(2)(b), F.S., the corpora		the prior notice	э.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	WREN, HAROL	BORO PARK BOULEVAR	D.	Title: Name: Address: City-St-Zip:	WREN, HAR 6 INVERNES	(X) Change () Addition OLD G JSD SS COURT EAST, SUITE 220 DD, CO 80012	
Title: Name: Address: City-St-Zip:	T () Delete SMITH, SHARON 2629 WATERFRONT PKWY. E. DR., SUITE 200 INDIANAPOLIS, IN 46214		Title: Name: Address: City-St-Zip:	CPS (X) Change () Addition SMITH, SHARON 2629 WATERFRONT PKWY. E. DR., SUITE 200 INDIANAPOLIS, IN 46214			
Title: Name: Address: City-St-Zip:	C () Delete HEYWORTH, ANTHONY 2629 WATERFRONT PKWY. E. DR., SUITE 200 INDIANAPOLIS, IN 46214		Title: Name: Address: City-St-Zip:	C (X) Change () Addition HEYWORTH, ANTHONY 6 INVERNESS COURT EAST, SUITE 220 ENGLEWOOD, CO 80112			
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	T () Change (X) Addition KIM, COURTAD 2629 WATERFRONT PKWY. E. DR., SUITE 200 INDIANAPOLIS, IN 46214			
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	CINDY, BAR 2629 WATER	()Change(X)Addition TON RFRONT PKWY. E. DR., SUITE 200 LIS, IN 46214	

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

SIGNATURE: KIM COURTAD T 05/01/2008