

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005923

FILED
Feb 24, 2009
Secretary of State

Entity Name: ALPINE ACCESS, INC.

Current Principal Place of Business:

1120 LINCOLN ST
SUITE 1400
DENVER, CO 80203

New Principal Place of Business:

Current Mailing Address:

1120 LINCOLN ST
SUITE 1400
DENVER, CO 80203

New Mailing Address:

FEI Number: 90-0243281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: BENNIS, JEFFREY
Address: 360 S. MONROE ST., SUITE 600
City-St-Zip: DENVER, CO 80209

Title: BM () Delete
Name: STOLBERG, TED
Address: 370 17TH ST STE 3150
City-St-Zip: DENVER, CO 80203

Title: PCEO () Delete
Name: CARRINGTON, CHRISTOPHER
Address: 1120 LINCOLN ST SUITE 1400
City-St-Zip: DENVER, CO 80203

Title: SVFS () Delete
Name: CAPRA, ELIZABETH
Address: 1120 LINCOLN ST SUITE 1400
City-St-Zip: DENVER, CO 80203

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVPF (X) Change () Addition
Name: CAPRA, ELIZABETH
Address: 1120 LINCOLN ST SUITE 1400
City-St-Zip: DENVER, CO 80203

Title: BM () Change (X) Addition
Name: SCOVEE, STEVE
Address: 1120 LINCOLN ST SUITE 1400
City-St-Zip: DENVER, CO 80112

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: ELIZABETH CAPRA

SVPF

02/24/2009

Electronic Signature of Signing Officer or Director

Date