2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# F07000001147

Entity Name: ALTECO, INC.

Current Principal Place of Business:

3190 S WADSWORTH BLVD, STE 220
LAKEWOOD, CO 80227

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 270829
LITTLETON, CO 80127

New Mailing Address:

FEI Number: 37-1534706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAINT, STEPHEN
10575 147TH CIRCLE
DUNNELLON, FL 34432 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BAUGHMAN, DOUG	
Address:	7704 RADIN ROAD	
City-St-Zip:	WAXHAW, NC 28173	
Title:	D	( ) Delete
Name:	GODDARD, PHILIP C	
Address:	823 SOUTH LEE STREET	
City-St-Zip:	LAKEWOOD, CO 80226	
Title:	D	( ) Delete
Name:	JACKSON, JOHN R	
Address:	87 OUTBACK LOOP	
City-St-Zip:	LIN CREEK, MO 65052	
Title:	D	( ) Delete
Name:	JOHNSON, PAUL C	
Address:	10929 WEST TULAN AVE	
City-St-Zip:	LITTLETON, CO 80127	
Title:	D	( ) Delete
Name:	KHAZOYAN, THOMAS P	
Address:	9496 PRINCETON CIRCLE	
City-St-Zip:	HIGHLANDS RANCH, CO 80130	
Title:	DVC	( ) Delete
Name:	LASSITER, TERRY	
Address:	239 ANGEL LEAF ROAD	
City-St-Zip:	THE WOODLANDS, TX 77380	

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:	D	(X) Change ( ) Addition
Name:	JOHNSON, PAUL C	
Address:	5821 FAWN COURT	
City-St-Zip:	OSAGE BEACH, MO 65065	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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

SIGNATURE: LESLIE CASTAGNA ADMI 02/23/2009

Electronic Signature of Signing Officer or Director — Date