

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F92000000848**1. Entity Name  
**MAE VENTURES, INC.****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91135 040 \*\*\*150.00

Principal Place of Business  
**2000 SOUTH COLORADO BLVD  
TOWER TWO, STE 2-1000  
DENVER CO 80222  
US**Mailing Address  
**2000 SOUTH COLORADO BLVD  
TOWER TWO, STE 2-1000  
DENVER CO 80222  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>57-0966622</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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.**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>CONSIDINE, TERRY</b> <b>1873 S. BELLAIRE ST., SUITE 1700</b> <b>DENVER CO 80222</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2000 S. Colo Blvd., Tower Two #2-1000</b> <b>Denver, CO 80222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KOMPANIEZ, PETER</b> <b>1873 S. BELLAIRE ST., SUITE 1700</b> <b>DENVER CO 80222</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2000 S. Colo Blvd., Tower Two, #2-1000</b> <b>Denver, CO 80222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>BONDER, JOEL</b> <b>1873 S. BELLAIRE ST., SUITE 1700</b> <b>DENVER CO 80222</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2000 S. Colo Blvd., Tower Two, 2-1000</b> <b>Denver, CO 80222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>HEATH, PATRICIA</b> <b>1873 S. BELLAIRE ST., SUITE 1700</b> <b>DENVER CO 80222</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SVPT</b> <b>2000 S. Colorado Blvd., Tower Two, #2-1000</b> <b>Denver, CO 80222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**   
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Patricia Heath Senior VP/Treas 4-26-01 (303) 757-8101**  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)