FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003659 (0)

1. Corporation Name

NBI SYSTEMS INTEGRATION, INC.

Principal Place of Business	Mailing Address
1880 INDUSTRIAL CIRCLE SUITE F LONGMONT CO 80501 US	1880 INDUSTRIAL CIRCLE SUITE F LONGMONT CO 80501 US

3. Date Incorporated or Qualified: 08/09/1993
3a. Date of Last Report: 07/19/1995

2. Principal Place of Business	2a. Mailing Address
21 1880 INDUSTRIAL CIRCLE	26 1880 INDUSTRIAL CIR
Suite, Apt. #, etc. 22 Suite F	Suite, Apt. #, etc. 27 Suite F
City & State 23 LONGMONT, CO	City & State 28 LONGMONT, CO
Zip 24 80501 Country 25 USA	Zip 29 80501 Country 30 USA

4. FEI Number: 84-1233950 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ N/A — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution N/A ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	1 1 TITLE	D/C ☒ Change ☐ Addition
NAME	LUSTIG, JAY H		1 2 NAME	
STREET ADDRESS	100 WILSHIRE BLVD, SUITE 1700		1 3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA		1 4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2 1 TITLE	D/S ☒ Change ☐ Addition
NAME	COGAN, MARJORIE A		2 2 NAME	
STREET ADDRESS	1880 INDUSTRIAL CIRCLE, SUITE F		2 3 STREET ADDRESS	
CITY-ST-ZIP	LONGMONT CO		2 4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, JACK		3 2 NAME	
STREET ADDRESS	1675 BROADWAY, SUITE 2600		3 3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80201		3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	D ☐ Change ☒ Addition
NAME			4 2 NAME	MARTIN J. NOONAN
STREET ADDRESS			4 3 STREET ADDRESS	1880 INDUSTRIAL CIR, SUITE F
CITY-ST-ZIP			4 4 CITY-ST-ZIP	LONGMONT, CO
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie A Cogan - MARJORIE A. COGAN Corp Secretary 4/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 303-684-2700

CR2E034 (12/95)