FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

6200 S SYRACUSE WAY

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90007 049 ***150.00

303 741 8484

4-19-19

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000125

1. Corporation Name

Principal Place of Business 6200 S SYRACUSE WAY

SIGNATURE:

GRAPHIC DATA SYSTEMS CORPORATION

STE 250 GREENWOOD VILLAGE CO 80111		STE 250 GREENWOOD VILLAGE CO 80111			DO NOT WRITE IN THIS SPACE			
US	TENSE OF WITH	US			3. Date Incorporated or Qualifed			
					01/10/1994			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			43-1648517			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional Required
City & State	e	City & State			6. Election Campaign Financing		\$5.0	0 May Be
23	•	28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current y	ear Intan	gible	}
24	25	29 30]		Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent	<u> </u>		10. Name and Address of New Regi	stered A	jent	
			81	Name				ļ
	CORPORATION SYSTEM		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
1200	S. PINE ISLAND RD		62	Street Aut	dress (F.O. Box Halliber is Not Acceptable)			
PLAN	NTATION FL 33324		83					
			<u> </u>				85 Zi	p Code
}			84	City		FL	63 21	b Code
11 Purcuant	to the amylsions of Sections 607 050	2 and 607 1508. Florida Statutes.	the abov	e-named cor	rporation submits this statement for the purp	ose of cl	nanging	its registered
l office or r	registered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was auth	onzea ov	the corpora	tion's board of directors. I hereby accept the	appoint	ment as	registered
SIGNATURE						DATE		
	Signature, typed or printed name of registered ager		gistered Age	nt signature requi	ADDITIONS/CHANGES TO OFFICE		DIREC	TORS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	1.1 TITLE		CEO .		Chang	
TITLE	CTTWART DAVED	DELETE		1				, ,,,,,,,
NAME	STEWART, DAVID		1,2 NAME	/ 1	MARK EPSTEW 2343 S.M.IWAKUKEE	57		ĺ
STREET ADDRESS	2343 S MILWAKUKEE ST		ŀ	1	Denver, co. 80210	,		
CITY-ST-ZIP	DENVER CO 80210		1,4 CITY-8	ST-ZIP	DENVER, CO. COLIC		☐ Chang	e Addition
TITLE	ST	☐ DELETE	2.1 TITLE	}				to Dividualia
NAME	SCHLEY, SCOTT		2.2 NAME					
STREET ADDRESS	15952 PARKSIDE DR	;	2.3 STREE	TADORESS				ì
CITY-ST-ZIP	PARKER CO 80134		2.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	31 TITLE	1			Chang	e [] Addition
NAME			3.2 NAME)				
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				<u> </u>
TITLE		☐ DELETE	4.1 TITLE				Chang	ge 🗌 Addition
NAME	Ì	-	4. 2 NAME	:				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CiTY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	- J			Chang	ge 🗀 Addition
NAME			5.2 NAME					
STREET ADORESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Chang	ge 🔲 Addition
NAME	<u> </u>		6.2 NAME	Į				
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-\$T-ZIP			6.4 CITY-	ST-ZIP				
CIT ST ZIT	I		-					

14. 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 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 of 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, with all other like empowered.