

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

FILED

May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000000780 (6)

1. Corporation Name

KROPSCHOT FINANCIAL SERVICES, INC.

Principal Place of Business

SUITE 850
4 TRIAD CENTER
SALT LAKE CITY UT 33324

Mailing Address

SUITE 850
4 TRIAD CENTER
SALT LAKE CITY UT 84180-1408



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/16/1994

3a. Date of Last Report

06/06/1996

4. FEI Number

65-0478021

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PEANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

TITLE C ☒ DELETE

NAME AMEMBAL, SUDHIR P
STREET ADDRESS 4 TRIAD CENTER, SUITE 850
CITY-ST-ZIP SALT LAKE CITY UT 84180-1408

TITLE D ☐ DELETE

NAME DEANE, JOHN C
STREET ADDRESS 4 TRIAD CENTER, SUITE 850
CITY-ST-ZIP SALT LAKE CITY UT 84180-1408

TITLE PD ☐ DELETE

NAME KROPSCHOT, BRUCE E
STREET ADDRESS 3341 MONET DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ST ☒ DELETE

NAME MEYERS, LYNN L
STREET ADDRESS 3341 MONET DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME NEAL R PARKER
1.3 STREET ADDRESS 4 TRIAD CENTER SUITE 850
1.4 CITY-ST-ZIP SLC UT 84180-1408

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Treasurer ☐ Change ☒ Addition

4.2 NAME Brief Jensen
4.3 STREET ADDRESS 4 TRIAD CENTER SUITE 850
4.4 CITY-ST-ZIP SLC UT 84180-1408

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

8000002200348
-06/03/97--01102--021
***165.00

14. I do 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 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

CR2E034 (9/96)