

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90038 021 ***150.00

0613464 AT

DOCUMENT # F94000001050

1. Entity Name
CIBER, INC.

Principal Place of Business

**5251 DTC PARKWAY
 SUITE 1400
 ENGLEWOOD CO 80111
 US**

Mailing Address

**5251 DTC PARKWAY
 SUITE 1400
 ENGLEWOOD CO 80111
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5251 DTC Parkway
 Suite, Apt. #, etc.
 Suite 1400**

**City & State
 Greenwood Village, CO**

**Zip Country
 80111 USA**

3. Mailing Address

**5251 DTC Parkway
 Suite, Apt. #, etc.
 Suite 1400**

**City & State
 Greenwood Village, CO**

**Zip Country
 80111 USA**

4. FEI Number
38-2046830

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS SLINGERLUND, MAC J 5251 DTC PARKWAY, STE 1400 ENGLEWOOD CO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOFFREDO, CHRISTOPHER 5251 DTC PARKWAY STE 1400 ENGLEWOOD CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUARNASORN, PRASONG 5251 DTC PARKWAY, STE 1400 ENGLEWOOD CO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD MANCUSO, JOSEPH A 5251 DTC PARKWAY SUITE #102 ENGLEWOOD CO 80111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Greenwood Village, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Greenwood Village, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Greenwood Village, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5251 DTC Parkway, Suite 1400 Greenwood Village, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO / T David Durken 5251 DTC Parkway, Suite 1400 Greenwood Village, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE:

CHRISTOPHER LOFFREDO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(303) 220-0100

CR2E034 (9/01)