

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

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001936 (3)
 1. Corporation Name
NIA CORPORATION



Principal Place of Business 1620 KIPLING STREET LAKEWOOD CO 80215	Mailing Address 1620 KIPLING STREET LAKEWOOD CO 80215-2839
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3. Date Incorporated or Qualified 04/14/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 84-1254829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 SUITE 105
 1201 HAYES STREET
 TALLAHASSEE FL 32301**

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	PC	<input type="checkbox"/> DELETE
NAME	BOWLES, JAMES O	
STREET ADDRESS	5132 BRAUN STREET	
CITY-ST-ZIP	ARVADA CO 80002	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WARD, DAVID W	
STREET ADDRESS	10696 W. ROWLAND AVENUE	
CITY-ST-ZIP	LITTLETON CO 80127	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EMERSON, MICHAEL L	
STREET ADDRESS	1801 W. COUNTRY ROAD B	
CITY-ST-ZIP	ROSEVILLE MN 55113	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, JEFF	
STREET ADDRESS	1801 W. COUNTRY ROAD B	
CITY-ST-ZIP	ROSEVILLE MN 55113	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NETTEBERG, ERIC	
STREET ADDRESS	1801 W. COUNTRY ROAD B	
CITY-ST-ZIP	ROSEVILLE MN 55113	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	T. Charles Duran	
1.3 STREET ADDRESS	1620 Kipling St.	
1.4 CITY-ST-ZIP	Lakewood, CO 80215	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Handwritten Signature]* 7/16/97 (202) 732-1100

CR2E034 (9/96)