

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90126 016 ***158.75

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DOCUMENT # F94000001936

1. Corporation Name
NIA CORPORATION

Principal Place of Business
1620 KIPLING STREET
LAKEWOOD CO 80215

Mailing Address
1620 KIPLING STREET
LAKEWOOD CO 80215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1994

4. FEI Number

84-1254829

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 owes the current year Intangible
Personal Property Tax.



Yes

No

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
NAME BOWLES, JAMES O
STREET ADDRESS 5132 BRAUN STREET
CITY-ST-ZIP ARVADA CO 80002

DELETE

TITLE S
NAME WARD, DAVID W
STREET ADDRESS 10696 W. ROWLAND AVENUE
CITY-ST-ZIP LITTLETON CO 80127

DELETE

TITLE V
NAME POTTS, JIMMY
STREET ADDRESS 1620 KIPLING ST
CITY-ST-ZIP LAKEWOOD CO 80215

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME James Bowles
1.3 STREET ADDRESS 855 Richards Rd.
1.4 CITY-ST-ZIP Wayne, PA 19087

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Vice President
2.3 STREET ADDRESS David Ward
2.4 CITY-ST-ZIP 10696 W. Rowland Ave.
Littleton, CO 80127

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Secretary
3.3 STREET ADDRESS Jimmy Potts
3.4 CITY-ST-ZIP 18 Penstemon St.
Littleton, CO 80127

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/27/99

303-230-4480

Date

Daytime Phone #

CR2E034 (11/98)