FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003188 (9)**

1. Corporation Name
LIBERTY LAKE, INC.

Principal Place of Business	Mailing Address
SUITE 500 8101 EAST PRENTICE ENGLEWOOD CO 80111	SUITE 500 8101 EAST PRENTICE ENGLEWOOD CO 80111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5619 DTC PARKWAY	26 P.O. BOX 5630
Suite, Apt. #, etc. 22 6TH FLOOR	Suite, Apt. #, etc. 27 TAX DEPT.
City & State 23 ENGLEWOOD, CO	City & State 28 DENVER, CO
Zip 24 80111 County 25	Zip 29 80217-5630 County 30

4. FEI Number: 83-0300985 ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET, STE. 105 83 84 City: TALLAHASSEE **FL** 85 Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COBD	11 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	MALONE, JOHN C	12 NAME	BRENDAN R. CLOUSTON	
STREET ADDRESS	5619 DTC PARKWAY	13 STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	14 CITY-ST-ZIP	ENGLEWOOD, CO 80111	
TITLE	PD	21 TITLE	SECRETARY/DIRECTOR	☒ Change ☐ Addition
NAME	BARTON, PETER R	22 NAME	STEPHEN M. BRETT	
STREET ADDRESS	8101 EAST PRENTICE, SUITE 500	23 STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	24 CITY-ST-ZIP	ENGLEWOOD, CO 80111	
TITLE	VTSD	31 TITLE	TREASURER	☒ Change ☐ Addition
NAME	BENNETT, ROBERT R	32 NAME	BERNARD W. SCHOTTERS, II.	
STREET ADDRESS	8101 EAST PRENTICE, SUITE 500	33 STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	34 CITY-ST-ZIP	ENGLEWOOD, CO 80111	
TITLE	VAS	41 TITLE	ASSL. VP.....	☒ Change ☐ Addition
NAME	DRAPER, JOHN M	42 NAME	NOLAN GOOKIN	
STREET ADDRESS	8101 EAST PRENTICE, SUITE 500	43 STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	44 CITY-ST-ZIP	ENGLEWOOD, CO 80111	
TITLE	COOV	51 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	MARTIN, JAMES A	52 NAME	BARRY P. MARSHALL	
STREET ADDRESS	8101 EAST PRENTICE, SUITE 500	53 STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	54 CITY-ST-ZIP	ENGLEWOOD, CO 80111	
TITLE	VAS	61 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	CARR, VIVIAN J	62 NAME	GARY K. BRACKEN	
STREET ADDRESS	8101 EAST PRENTICE, SUITE 500	63 STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	64 CITY-ST-ZIP	ENGLEWOOD, CO 80111	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Nolan D. Gookin NOLAN GOOKIN 4/27/95 (303) 267-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478027 FP