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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F94000003188

1. Corporation Name
LIBERTY LAKE, INC.



Principal Place of Business

5619 DTC PARKWAY
8101 EAST PRENTICE
ENGLEWOOD CO 80111
US

Mailing Address

P.O. BOX 5630
TAX DEPT
ENGLEWOOD CO 80217-5630
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/17/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
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

☒ DELETE

TITLE PD
NAME HINDERY, LEO
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

TITLE VSD
NAME BRETT, STEPHEN M
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

TITLE VT
NAME SCHOTTERS, BERNARD
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

TITLE AV
NAME BLAYLOCK, GARY
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

TITLE AV
NAME GOOKIN, NOLAN
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

TITLE VP
NAME BRACKEN, GARY K
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE P/D
1.2 NAME FITZGERLAD, WILLIAM R.
1.3 STREET ADDRESS 5619 DTC PARKWAY
1.4 CITY-ST-ZIP ENGLEWOOD, CO 80111

2.1 TITLE V/S
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE SRV/D
4.2 NAME BARTOLOTTA, CHARLES
4.3 STREET ADDRESS 5619 DTC PARKWAY
4.4 CITY-ST-ZIP ENGLEWOOD, CO 80111

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 indicates 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nolan D. Gookin
Assistant Vice President

Date

Daytime Phone #

CR2E034 (1/98)