1. Entity Name LIBERTY LAKE, INC.					Secretary of State 05-16-2000 90077 008 ***150.00			
Principal Place of Business		Mailing Address						
5619 DTC PARKWAY 8101 EAST PRENTICE ENGLEWOOD CO 80111 US		P.O. BOX 5630 TAX DEPT ENGLEWOOD CO 80217-5630 US						
2. Principal P	lace of Business	3. Mailing Address						
9197 SOUTH PEORIA STREET Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	3PACE		
City & State ENGLEWOOD CO		City & State		4. F	El Number 83-0300985		plied For t Applicable	
Zip 80112	Country	Zip	Country	5. C		\$8.75 Add Fee Required		
	6. Name and Address of Current Re	egistered Agent		7. N	lame and Address of New Registered /	lgent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324			Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	•	
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, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta						
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZGERALD, WILLIAM R 5619 DTC PARKWAY ENGLEWOOD CO 80111	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7 SOUTH PEORIA STREET LEWOOD CO 80112-583	∑ Change 3	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VS BRETT, STEPHEN M 5619 DTC PARKWAY ENGLEWOOD CO VT SCHOTTERS, BERNARD 5619 DTC PARKWAY	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	919 <u>ENG</u> T HUM	COMB, JONATHAN B. 7 SOUTH PEORIA STREET LEWOOD CO 80112-583 MEL, RONALD.L. 7 SOUTH PEORIA STREET	3. Change	X Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENGLEWOOD CO SRVD BARTOLOTTA, CHARLES 5619 DTC PARKWAY ENGLEWOOD CO 80111	∑ Deiete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BRY 919	LEWOOD CO 80112-583 AN, STEPHEN C. 7 SOUTH PEORIA STREET LEWOOD CO 80112-583	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV GOOKIN, NOLAN 5619 DTC PARKWAY ENGLEWOOD CO	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7 SOUTH PEORIA STREET LEWOOD CO 80112-583	3	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	in Continu	119 07/2V(i) Florida Statutas I further car	☐ Change	Addition	

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 empowered.

Notan D. Gookin Nolan D. Gookin

SIGNATURE:

Min S. Swha AS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)

Assistant Vice President

4/24/00

720-875-5500