

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90285 019 \*\*\*150.00

552882

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** F94000003340  
**1. Entity Name**  
 Business Office Services of Delaware, Inc

**Principal Place of Business**  
 6200 SOUTH QUEBEC STREET.

**Mailing Address**

**2. Principal Place of Business**  
 6200 S. Quebec St.,

**3. Mailing Address**  
 6200 S. Quebec St.,

**Suite, Apt. #, etc.**  
 Suite 210AS

**Suite, Apt. #, etc.**  
 Suite 210AS

**City & State**  
 Greenwood Village CO

**City & State**  
 Greenwood Village CO

**Zip**  
 80111-4729

**Country**

**Zip**  
 80111-4729

**Country**

**4. FEI Number**  
 62-1571233

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City** FL **Zip Code**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Bailis, David P 10825 Farnam Drive Omaha NE 68154	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Whealy Michael T. 5660 New Northshore Drive St 1400 Atlanta GA 30328	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>EA</b> Dembowski Jerry P. 6200 S. Quebec Str Englewood Co 80111	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> Massaway, Jim 6200 S. Quebec Str Englewood Co 80111	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Whealy Michael T 5660 New Northshore Drive St 1400 Atlanta GA 30328	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> Algiene Ken 6200 S. Quebec Str Englewood Co 80111	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**  **ASST. TREASURER** 4/24/01 303-967-7147

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** **Date** **Daytime Phone #**