

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003340

FILED
Apr 09, 2004
Secretary of State

Entity Name: BUSINESS OFFICE SERVICES OF DELAWARE, INC.

Current Principal Place of Business:

6200 S QUEBEC ST
GREENWOOD VILLAGE, CO 801114729 US

New Principal Place of Business:

6200 S QUEBEC ST
SUITE 330
GREENWOOD VILLAGE, CO 801114729 US

Current Mailing Address:

12500 E. MT. BELFORD AVE
MAIL STOP M23A6
ENGLEWOOD, CO 80112 US

New Mailing Address:

6200 S. QUEBEC ST.
SUITE 330
GREENWOOD VILLAGE, CO 80111 US

FEI Number: 62-1571233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAMS, EULA L
Address: 6200 S. QUEBEC ST.
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: DS () Delete
Name: WHEATLY, MICHAEL T
Address: 10825 OLD MILL ROAD
City-St-Zip: OMAHA, NE 68154

Title: AT () Delete
Name: DEMBOWSKI, JERRY P
Address: 6200 S QUEBEC STR
City-St-Zip: ENGLEWOOD, CO 80111

Title: AT () Delete
Name: MASSAWAY, JIM
Address: 6200 S QUEBEC STR
City-St-Zip: ENGLEWOOD, CO 80111

Title: AS () Delete
Name: ALGIENE, KEN
Address: 6200 S QUEBEC STR
City-St-Zip: ENGLEWOOD, CO 80111

Title: AS () Delete
Name: SKENE-STIMAC, PHYLLIS
Address: 6200 S. QUEBEC ST.
City-St-Zip: GREENWOOD VILLAGE, CO 80111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: FOTE, CHARLES T
Address: 6200 S. QUEBEC ST.
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS SKENE-STIMAC

AS

04/09/2004

Electronic Signature of Signing Officer or Director

Date