## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F94000003340

Entity Name: BUSINESS OFFICE SERVICES OF DELAWARE, INC.

FILED Apr 10, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6200 S QUEBEC ST SUITE 210AS GREENWOOD VILLAGE, CO 801114729 US				6200 S QUEBEC ST GREENWOOD VILLAGE, CO 801114729 US			
Current Mailing Address:				New Mailing Address:			
6200 S QUEBEC ST SUITE 210AS GREENWOOD VILLAGE, CO 801114729 US			12500 E. MT. BELFORD AVE MAIL STOP M23A6 ENGLEWOOD, CO 80112 US				
FEI Number:	62-1571233	FEI Number Applied For ( )	FEI Num	ber Not Appli	icable ( )	Certificat	e of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered							stered Agent:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US  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 Agen	t				Date
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () DO ADAMS, EULA L 6200 S. QUEBEC GREENWOOD VII			Title: Name: Address: City-St-Zip:	,	()Change(	) Addition
Title: Name: Address: City-St-Zip:	DS () DO WHEATLY, MICHA 10825 OLD MILL OMAHA, NE 6815	AEL T ROAD		Title: Name: Address: City-St-Zip:		()Change(	) Addition
Title: Name: Address: City-St-Zip:	AT () DEMBOWSKI, JE 6200 S QUEBEC : ENGLEWOOD, CO	RRY P STR		Title: Name: Address: City-St-Zip:		()Change(	) Addition
Title: Name: Address: City-St-Zip:	AT () DOMASSAWAY, JIM 6200 S QUEBEC : ENGLEWOOD, CO	STR		Title: Name: Address: City-St-Zip:	,	()Change(	) Addition
Title: Name: Address: City-St-Zip:	AS () DO ALGIENE, KEN 6200 S QUEBEC : ENGLEWOOD, CO	STR		Title: Name: Address: City-St-Zip:		()Change(	) Addition
Title: Name: Address: City-St-Zip:	AS () DO ABELMAN, HENR' 5660 NEW NORTH ATLANTA GA 303	Y M HSIDE DR., SUITE 1400		Title: 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 04/10/2003