

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003680 (5)

**1. Corporation Name
STORAGETEK FINANCIAL SERVICES CORPORATION**



Principal Place of Business 1401 PEARL STREET SUITE 200 BOULDER CO 80302 US	Mailing Address 1401 PEARL STREET SUITE 200 BOULDER CO 80302-5346 US
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3. Date Incorporated or Qualified 07/14/1994	3a. Date of Last Report 04/16/1996
4. FEI Number 84-1252056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARRETT, RICHARD W.		1.2 NAME	
STREET ADDRESS 1040 MAPLETON AVENUE		1.3 STREET ADDRESS	
CITY- ST- ZIP BOULDER CO		1.4 CITY- ST- ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MERRIMAN JR., GEORGE		2.2 NAME	
STREET ADDRESS 1565 MOSS ROCK PLACE		2.3 STREET ADDRESS	
CITY- ST- ZIP BOULDER CO		2.4 CITY- ST- ZIP	
TITLE VTDA	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME METZ JR., TOM W.		3.2 NAME	
STREET ADDRESS 2490 CRAGMOOR ROAD		3.3 STREET ADDRESS	
CITY- ST- ZIP BOULDER CO		3.4 CITY- ST- ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KALI, ROBERT J		4.2 NAME	
STREET ADDRESS 5242 CRESTWOOD DRIVE		4.3 STREET ADDRESS	
CITY- ST- ZIP FORT COLLINS CO		4.4 CITY- ST- ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NIKKEL, WILLIAM H		5.2 NAME	
STREET ADDRESS 1959 HARDSCRABBLE PLACE		5.3 STREET ADDRESS	
CITY- ST- ZIP BOULDER CO		5.4 CITY- ST- ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POPPA, RYAL R		6.2 NAME	
STREET ADDRESS 7075 RUSTIC TRAIL		6.3 STREET ADDRESS	
CITY- ST- ZIP BOULDER CO 80301		6.4 CITY- ST- ZIP	

14. I do 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 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.

SIGNATURE: _____ **1-20-97** 303-443-8064
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **William H. Nikkel** **1-20-97** 303-443-8064
 Use Daytime Phone #

CR2E034 (9/96)

PROFIT CORPORATION ANNUAL RETURN

State of Florida

LIST OF ADDITIONAL OFFICERS

January 1997

OFFICERS

Bryan Potthoff
7606 Drew Hill Road
Golden, CO 8403

Treasurer & Assistant Secretary

Geraldine Von Hoene
625 Manhattan Place, #204
Boulder, CO 80303

Assistant Secretary