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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90002 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003680

1. Corporation Name
STORAGETEK FINANCIAL SERVICES CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1401 PEARL STREET SUITE 200 BOULDER CO 80302 US	Mailing Address 1401 PEARL STREET SUITE 200 BOULDER CO 80302 US
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3. Date Incorporated or Qualified 07/14/1994
4. FEI Number 84-1252056
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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 1000 South McCaslin Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 1000 South McCaslin Blvd Suite, Apt. #, etc.
22 City & State Superior, CO	27 City & State Superior, CO
23 Zip Country 80027 USA	28 Zip Country 80027 USA

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARRETT, RICHARD W.		1.2 NAME LARKINS, PAUL A.	
STREET ADDRESS 1040 MAPLETON AVENUE		1.3 STREET ADDRESS 6391 Swallow Lane	
CITY-ST-ZIP BOULDER CO		1.4 CITY-ST-ZIP BOULDER, CO 80303	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MERRIMAN JR., GEORGE		2.2 NAME BYRNE, DAVID M.	
STREET ADDRESS 1565 MOSS ROCK PLACE		2.3 STREET ADDRESS 2448 SPOTSWOOD PLACE	
CITY-ST-ZIP BOULDER CO		2.4 CITY-ST-ZIP BOULDER, CO 80304	
TITLE VASD	<input type="checkbox"/> DELETE	3.1 TITLE	<input 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 VAS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KALI, ROBERT J		4.2 NAME KALI, ROBERT J.	
STREET ADDRESS 5242 CRESTWOOD DRIVE		4.3 STREET ADDRESS 5242 CRESTWOOD DRIVE	
CITY-ST-ZIP FORT COLLINS CO		4.4 CITY-ST-ZIP FORT COLLINS, CO 80525	
TITLE S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NIKKEL, WILLIAM H		5.2 NAME STATE, JOHN F.	
STREET ADDRESS 1959 HARDCRABBLE PLACE		5.3 STREET ADDRESS 326 ELK TRAIL	
CITY-ST-ZIP BOULDER CO		5.4 CITY-ST-ZIP LAFAYETTE, CO 80026	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, DANIEL F		6.2 NAME THOMAS, DANIEL F.	
STREET ADDRESS 1229 TEAL COURT		6.3 STREET ADDRESS 1229 TEAL COURT	
CITY-ST-ZIP BOULDER CO 80303		6.4 CITY-ST-ZIP BOULDER, CO 80303	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE:  **REQUIRED** Date: **3/10/99** Daytime Phone #: **(720) 304-1000**

CR2E034 (11/98)