
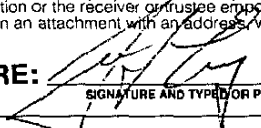


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90047 010 ***150.00

| | | | | | | | |
|--|---------------------------|--|---|---|--|----|----------|
| DOCUMENT # F94000003680 | | | |  | | | |
| 1. Entity Name STORAGETEK FINANCIAL SERVICES CORPORATION | | | | | | | |
| Principal Place of Business 1000 SOUTH MCCASLIN BLVD. SUPERIOR, CO 80027 US | | | Mailing Address 1000 SOUTH MCCASLIN BLVD. SUPERIOR, CO 80027 US | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | |
| City & State | | | City & State | | | | |
| Zip | | | Zip | | | | |
| Country | | | Country | | | | |
| 01082004 | | | Chg-P | | CR2E034 (10/03) | | |
| 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. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | GOTTWALS, CLIFTON | | NAME | Larson, Karen L. | | | |
| STREET ADDRESS | 1000 SOUTH MCCASLIN BLVD. | | STREET ADDRESS | 1000 S. McCaslin Blvd. | | | |
| CITY-ST-ZIP | SUPERIOR, CO 80027 | | CITY-ST-ZIP | Superior, CO 80027 | | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | EARLY, JEANNE L | | NAME | Schultz, Philip G. | | | |
| STREET ADDRESS | 1000 S. MCCASLIN BLVD | | STREET ADDRESS | 1000 S. McCaslin Blvd. | | | |
| CITY-ST-ZIP | SUPERIOR, CO 80027 | | CITY-ST-ZIP | Superior, CO 80027 | | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | AS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NANCE, JENNIFER F | | NAME | Nance, Jennifer | | | |
| STREET ADDRESS | 1000 SOUTH MCCASLIN BLVD. | | STREET ADDRESS | 1000 S. McCaslin Blvd. | | | |
| CITY-ST-ZIP | SUPERIOR, CO 80027 | | CITY-ST-ZIP | Superior, CO 80027 | | | |
| TITLE | SVD | <input type="checkbox"/> Delete | TITLE | SVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | EVANS, JOHN A | | NAME | Evans, John A. | | | |
| STREET ADDRESS | 1000 SOUTH MCCASLIN BLVD. | | STREET ADDRESS | 1000 S. McCaslin Blvd. | | | |
| CITY-ST-ZIP | SUPERIOR, CO 80027 | | CITY-ST-ZIP | Superior, CO 80027 | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | | NAME | Pfeiffenberger, John R. | | | |
| STREET ADDRESS | | | STREET ADDRESS | 1000 S. McCaslin Blvd. | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Superior, CO 80027 | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | | | |
| SIGNATURE:  | | Jeanne L. Early, Secretary | | 1/12/04 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | | | |
| | | | | 720-304-1249 | | | |

Attachment

~~#F940BDDDD3680~~

STORAGETEK FINANCIAL SERVICES CORPORATION
OFFICERS AND DIRECTORS
AS OF JANUARY 13, 2004

NOTE: Unless otherwise indicated the address of the following parties is 1000 South McCaslin Boulevard, Superior, Colorado 80027:

OFFICERS

Officers of Storagetek Financial Services Corporation:

| | |
|---|-----------------------|
| Karen L. Larson | President |
| John A. Evans | Sr. Vice President |
| Clifton Gottwals | Vice President |
| John R. Pfeiffenberger | Treasurer |
| Jeanne L. Early | Secretary |
| Jennifer F. Nance | Assistant Secretary |
| Kelly Winslow 66 South Pearl Street Albany, NY 12207 | Tax Reporting Manager |
| Monique Masse 66 South Pearl Street Albany, NY 12207 | Tax Reporting Manager |
| Keith M. Behrens 66 South Pearl Street Albany, NY 12207 | Tax Reporting Manager |
| Glen Bleeker | Designated Signatory |
| Kimberly Buscomb | Designated Signatory |
| Tony Kelly | Designated Signatory |
| Sara Long | Designated Signatory |

DIRECTORS

Attachment

#F94000003680

Karen L. Larson
Philip G. Schultz

Chairman