

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

96 NOV 15 PH 12:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F94000003711 (8)

1. Corporation Name

KENTEK INFORMATION SYSTEM, INC.

Principal Place of Business

Mailing Address

2945 WILDERNESS PL.
 BOULDER CO 80301

2945 WILDERNESS PL.
 BOULDER CO 80301

REINSTATEMENT *me*

3. Date Incorporated or Qualified 07/15/1994	3a. Date of Reinstatement 04/12/1995
4. FEI Number 22-2402849	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. 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 type="checkbox"/> Yes <input checked="" 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 FL
 86 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 and its directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE: *Barbara A. Burke*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
 OFFICIAL ASSISTANT SECRETARY
 DATE: 1/5/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHIRES, PHILIP W	
STREET ADDRESS	2945 WILDERNESS PL.	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAMBORN, CRAIG G	
STREET ADDRESS	2945 WILDERNESS PL.	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FUJISAWA, HIROAKI	
STREET ADDRESS	2945 WILDERNESS PL.	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HSHIKAWA, TAKANORI J	
STREET ADDRESS	2945 WILDERNESS PL.	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, STEVEN C	
STREET ADDRESS	2945 WILDERNESS PL.	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PARKS, ROBERT M	
STREET ADDRESS	2945 WILDERNESS PL.	
CITY-ST-ZIP	BOULDER CO 80301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KANN, Richard	
1.3 STREET ADDRESS	2945 Wilderness Pl.	
1.4 CITY-ST-ZIP	Boulder CO 80301	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Scoglia, Charles	
2.3 STREET ADDRESS	2945 Wilderness Pl.	
2.4 CITY-ST-ZIP	Boulder CO 80301	
3.1 TITLE	800002009258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	-11/20/96--01017--019	
3.3 STREET ADDRESS	*****325.00 *****325.00	
3.4 CITY-ST-ZIP		
4.1 TITLE	800002009258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	-11/20/96--01017--020	
4.3 STREET ADDRESS	*****58.75 *****58.75	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara A. Burke*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
 DATE: 1/20/96
 Daytona Phone #: 303-440-5500

CR20204 (3/95)