


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F94000003928</b>	
1. Entity Name <b>VM STORAGE, INC.</b>	
	
Principal Place of Business <b>5650 GREENWOOD PLAZA BLVD. #143 GREENWOOD VILLAGE, CO 80111</b>	Mailing Address <b>5650 GREENWOOD PLAZA BLVD. #143 GREENWOOD VILLAGE, CO 80111</b>

**DO NOT WRITE IN THIS SPACE**



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>23-2771838</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000867982  
04/08/08-80094-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD MANLEY, BRUCE D 1787 SENTRY PARKWAY WEST B16, STE. 400 BLUE BELL, PA 19422</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDS VICTOR, ARTHUR 5650 GREENWOOD PLAZA BLVD. GREENWOOD VILLAGE, CO 80111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BENDER, BARRY 5650 GREENWOOD PLAZA BLVD. GREENWOOD VILLAGE, CO 80111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barry Bender* 3/19/08

Date

Daytime Phone #

303 290 9100