

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004244 (9)**

1. Corporation Name

**COBE TRANSPORT, INC.**

Principal Place of Business

**1185 OAK ST.  
LAKEWOOD CO 80215**

Mailing Address

**1185 OAK ST.  
LAKEWOOD CO 80215**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>08/16/1994</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>84-1275896</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b>	City & State	<b>27</b>	City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>23</b>	Zip	<b>28</b>	Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>24</b>	Country	<b>29</b>	Country	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>VPD</b>	1.1 TITLE	<b>VPS</b>
NAME	<b>WAGNER, CURTIN L</b>	1.2 NAME	<b>Ralph Z. Levy, Jr.</b>
STREET ADDRESS	<b>1185 OAK ST.</b>	1.3 STREET ADDRESS	<b>1919 Charlotte Avenue</b>
CITY-ST-ZIP	<b>LAKEWOOD CO</b>	1.4 CITY-ST-ZIP	<b>Nashville, TN 37203</b>
TITLE	<b>VPST</b>	2.1 TITLE	<b>AS</b>
NAME	<b>LAWSON, HERBERT S</b>	2.2 NAME	<b>Bruce Winsor</b>
STREET ADDRESS	<b>1185 OAK ST.</b>	2.3 STREET ADDRESS	<b>1185 Oak Street</b>
CITY-ST-ZIP	<b>LAKEWOOD CO</b>	2.4 CITY-ST-ZIP	<b>Lakewood, CO 80215</b>
TITLE	<b>D</b>	3.1 TITLE	<b>AS</b>
NAME	<b>DUPONT, JOHN</b>	3.2 NAME	<b>Gregg Sonnen</b>
STREET ADDRESS	<b>1185 OAK ST.</b>	3.3 STREET ADDRESS	<b>1185 Oak Street</b>
CITY-ST-ZIP	<b>LAKEWOOD CO</b>	3.4 CITY-ST-ZIP	<b>Lakewood, CO 80215</b>
TITLE	<b>P</b>	4.1 TITLE	
NAME	<b>BINGE, SIMON</b>	4.2 NAME	
STREET ADDRESS	<b>1990 INDUSTRIAL DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Herbert S. Lawson* **Herbert S. Lawson**

**9/3/97**

**(303) 239-2084**

CR2E034 (4/97)