FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004890 (9)**

1. Corporation Name
ECHONET BUSINESS NETWORK, INC.

Principal Place of Business	Mailing Address
90 INVERNESS CIR., EAST ENGLEWOOD CO 80112	90 INVERNESS CIR., EAST ENGLEWOOD CO 80112

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1994	3a. Date of Last Report:
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 84-1195952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 **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	PD	11 TITLE	CPD	☒ Change ☐ Addition
NAME	ERGEN, CHARLIE	12 NAME		
STREET ADDRESS	90 INVERNESS CIR., EAST	13 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80112	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	HUNT, STEVE	22 NAME		
STREET ADDRESS	90 INVERNESS CIR., EAST	23 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80112	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	VSD	☒ Change ☐ Addition
NAME	MOSKOWITZ, DAVID K	32 NAME		
STREET ADDRESS	90 INVERNESS CIR., EAST	33 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80112	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	VT	☒ Change ☐ Addition
NAME	FEARS, J. ALLEN	42 NAME		
STREET ADDRESS	90 INVERNESS CIR., EAST	43 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80112	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	DEFRANCO, JAMES	52 NAME		
STREET ADDRESS	90 INVERNESS CIR., EAST	53 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80112	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	HOOKE, ROBERT J	62 NAME		
STREET ADDRESS	90 INVERNESS CIR., EAST	63 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80112	64 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)(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: J. Allen Fears 4/21/95 (303)799-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VICE PRESIDENT & TREASURER

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