

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004890 (9)
 1. Corporation Name
ECHONET BUSINESS NETWORK, INC.



Principal Place of Business 90 INVERNESS CIR., EAST ENGLEWOOD CO 80112	Mailing Address 90 INVERNESS CIR., EAST ENGLEWOOD CO 80112
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5701 South Santa Fe Drive		2a. Mailing Address 26 P.O. Box 9027		3. Date Incorporated or Qualified 09/21/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 84-1195952	
23 City & State Littleton, CO		27 City & State Littleton, CO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 80120		29 Zip 80160-9027		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERGEN, CHARLES W	1.2 NAME	
STREET ADDRESS	90 INVERNESS CIR., EAST	1.3 STREET ADDRESS	5701 South Santa Fe Drive
CITY-ST-ZIP	ENGLEWOOD CO	1.4 CITY-ST-ZIP	Littleton, CO 80120
TITLE	EVPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFRANCO, JAMES	2.2 NAME	
STREET ADDRESS	90 INVERNESS CIR., EAST	2.3 STREET ADDRESS	5701 South Santa Fe Drive
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP	Littleton, CO 80120
TITLE	SVSD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOWITZ, DAVID K	3.2 NAME	
STREET ADDRESS	90 INVERNESS CIR., EAST	3.3 STREET ADDRESS	5701 South Santa Fe Drive
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP	Littleton, CO 80120
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGER, JOHN	4.2 NAME	
STREET ADDRESS	90 INVERNESS CIR., EAST	4.3 STREET ADDRESS	5701 South Santa Fe Drive
CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP	Littleton, CO 80120
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *David K. Moskowitz* **David K. Moskowitz** 4/14/98 (303) 723-1600

CR2E034 (10/97)