

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 FEB 28 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F94000005940 (1)**

1. Corporation Name

**SCI CLIENT SERVICES INCORPORATED**

Principal Place of Business

125 LINCOLN AVE.  
SANTA FE MN 55001

Mailing Address

125 LINCOLN AVE.  
SANTA FE MN 55001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/17/1994

3a. Date of Last Report

Initial Report

4. FEI Number

75-2515096

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 7777 Market Center Avenue

Suite, Apt. #, etc.

27

City & State

28

El Paso

Texas

29

79912

Country

30 US

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., Suite 105  
TALLAHASSEE FL 32301

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 reconstituted)

DATE

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | D                         |
| NAME            | LYONS, IRVING F III       |
| STREET ADDRESS  | 48750 FREMONT BLVD., #201 |
| CITY - ST - ZIP | FREMONT CA 94538          |
| TITLE           | D                         |
| NAME            | WATTLES, THOMAS G         |
| STREET ADDRESS  | 125 LINCOLN AVE.          |
| CITY - ST - ZIP | SANTA FE NM 87501         |
| TITLE           | D                         |
| NAME            | WATSON, ROBERT J          |
| STREET ADDRESS  | 3200 CHERRY CREEK S. DR.  |
| CITY - ST - ZIP | DENVER CO 80209           |
| TITLE           | PD                        |
| NAME            | BROOKSHER, K D            |
| STREET ADDRESS  | 3200 CHERRY CREEK S. DR.  |
| CITY - ST - ZIP | DENVER CO 80209           |
| TITLE           | V                         |
| NAME            | MORTON, R A               |
| STREET ADDRESS  | 7777 MARKET CENTER AVE.   |
| CITY - ST - ZIP | EL PASO TX 79912          |
| TITLE           | V                         |
| NAME            | MILLS, RONALD W           |
| STREET ADDRESS  | 3453 IH-35 N.             |
| CITY - ST - ZIP | SAN ANTONIO TX 78219      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP |                                                                              |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | D                                                                            |
| 3.3 STREET ADDRESS  | Watson, Robert J.                                                            |
| 3.4 CITY - ST - ZIP | 14100 E. 35th Place<br>Aurora, CO 80011                                      |
| 4.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | PD                                                                           |
| 4.3 STREET ADDRESS  | Brooksher, K. Dane                                                           |
| 4.4 CITY - ST - ZIP | 14100 E. 35th Place<br>Aurora, CO 80011                                      |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            | V                                                                            |
| 6.3 STREET ADDRESS  | Mills, Ronald W.                                                             |
| 6.4 CITY - ST - ZIP | 3453 IH-35 North Suite 109<br>San Antonio, Texas 78219                       |

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 110.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE:

*Paul E. Spueh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*February 17, 1995 (SST) FPE - 9292*

Signature Number

**SCI Client Services Incorporated**  
**1995 Florida Corporation Annual Report**  
**Document # F94000005940**

**Additional Officers**

**VS**

**Szurek, Paul E.**  
**125 Lincoln Avenue**  
**Santa Fe, NM 87501**

**Assistant Secretary**  
**Gallagher, Leanne L.**  
**125 Lincoln Avenue**  
**Santa Fe, NM 87501**