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

ACCEPTED AND FILED
'95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006321 (3)**

1. Corporation Name
AFFINITY RETIREMENT SERVICES, INC.

Principal Place of Business	Mailing Address
PO BOX 173361 DENVER CO 80217-3361	PO BOX 173361 DENVER CO 80217-3361

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/09/1994**
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:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **84-1158337** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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, name of individual agent or registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	JENSEN, KENNETH R	12 NAME	
STREET ADDRESS	707 W. ALGONQUIN ROAD	13 STREET ADDRESS	
CITY ST ZIP	ARLINGTON HEIGHTS IL 60005	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	MASSA, MARK W	22 NAME	
STREET ADDRESS	717 17TH ST.	23 STREET ADDRESS	
CITY ST ZIP	DENVER CO 80202	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	LEHNUS, LISA L	32 NAME	
STREET ADDRESS	717 17TH ST.	33 STREET ADDRESS	
CITY ST ZIP	DENVER CO 80202	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 above, or on an attachment with an address.

SIGNATURE: _____ 4/27/95 (303) 294-2298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mark Massa - President

0312994 CP