

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000006642

1. Entity Name  
SIGMA SYSTEMS, INC.



Principal Place of Business  
2305 COLORADO BLVD., STE 100  
DENVER, CO 80222

Mailing Address  
2305 COLORADO BLVD., STE 100  
DENVER, CO 80222

**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**



07212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>73-0938639</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

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

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TIMMONS, RAYMOND L
STREET ADDRESS	1426 E. IRISH LN.
CITY-ST-ZIP	LITTLETON, CO 80122

TITLE	D
NAME	FARMER, JAMES
STREET ADDRESS	P.O. BOX 847
CITY-ST-ZIP	GUTHRIE, OK 730440847

TITLE	VP
NAME	SPRAGUE, ANDREW J
STREET ADDRESS	3297 EAST PHILLIPS DRIVE
CITY-ST-ZIP	CENTENNIAL, CO 80122

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/04/08-80001-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Sprague

Date

Daytime Phone #

7/21/2008