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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000002126 (9)

1. Corporation Name

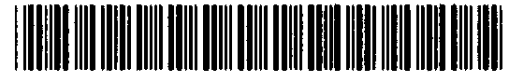
MANAGEMENT ANALYSIS COMPANY

Principal Place of Business

1819 DENVER WEST DRIVE
SUITE 400
GOLDEN CO 80401

Mailing Address

1819 DENVER WEST DRIVE
SUITE 400
GOLDEN CO 80401-3118



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

03/12/1996

4. FEI Number

95-3139094

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 SOUTH PINE ISLAND ROAD
PLANATION 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

Signature type: (typed name of agent) (agent not to be applied)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	DOLLARD, JIMMIE F	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	
CITY - ST - ZIP	GOLDEN CO 80401	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUBBARD, GERALD E	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	
CITY - ST - ZIP	GOLDEN CO 80401	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JENS, ROBERT J	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	
CITY - ST - ZIP	GOLDEN CO 80401	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	ZIKA, JOSEPH M	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	
CITY - ST - ZIP	GOLDEN CO 80401	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MACQUARRIE, DEXANA G	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	
CITY - ST - ZIP	GOLDEN CO 80401	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BIBB, WILLIAM C	
STREET ADDRESS	1819 DENVER WEST DRIVE, SUITE 400	
CITY - ST - ZIP	GOLDEN CO 80401	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)