2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am DOCUMENT # F95000002544 **Secretary of State** 1. Entity Name HANIFEN, IMHOFF INC. 02-08-2000 90042 025 ***150.00 Principal Place of Business Mailing Address P.O. BOX 5050 P.O. BOX 5050 DENVER CO 80217-5050 711526 DENVER CO 80217-5050 2. Principal Place of Business 3. Mailing Address 17th Street 1125 P.O. BOX 5050 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 1600 SUITE City & State 4. FEI Number Applied For City & State -84-0503513- (OLORADO DENVER OLORADO DENVER 194-1436680 Not Applicable 80202 Country ILS 14 \$8.75 Additional 5. Certificate of Status Desired 80217-5050 Fee Required 7. Name and Address of New Registered Agent ____ 6. Name and Address of Current Registered Agent Name LARSON, JEFFREY T Street Address (P.O. Box Number is Not Acceptable) 1560 N ORANGE AVENUE, SUITE 210 WINTERPARK FL 32789 Zip Code City 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. SIGNATURE . DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete IMHOFF, WALTER F NAME NAME STREET ADDRESS 1125 17TH ST STE 1600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO Change ☐ Addition TITLE ☐ Delete TITLE KUCERA, JOHN D 🚕 NAME NAME STREET ADDRESS 1125 17TH ST STE 1600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO T-----·□. Delete ~ --TITLE: -- ____ Addition TITLE -> = = IMHOFF, MICHAEL F NAME NAMÉ STREET ADDRESS 1125 17TH ST STE 1600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DENVER CO** MDP Change ☐ Addition ☐ Delete TITLE TITLE KORTMAN, DENNIS M NAME NAME 1125 17TH ST STE 1600 STREET ADDRESS STREET ADDRESS CITY-ST-7IP DENVER CO CITY-ST-ZIP DAVID CHEUNG □ Change Addition MDVP **X**Delete TITLE TITLE NAME PETERSEN, TOBY J. VP 17th Street, Suite 1600 NAME STREET ADDRESS 9837 S. ISABEL COURT STREET ADDRESS CITY-ST-ZIP Denvier (0 80202 HIGHLANDS RANCH CO CITY-ST-ZIP **MDVP** ☐ Change ☐ Addition TITLE ☐ Delete TITLE SCOTT, ALAN M. NAME STREET ADDRESS STREET ADDRESS 936 DETROIT STREET CITY-ST-ZIP CITY-ST-ZIP DENVER CO

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO