

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003199

1. Entity Name

ANALYTICAL SURVEYS, INC.



**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90057 001 \*1,100.00

Principal Place of Business

1935 JAMBOREE DR.  
STE. 100  
COLORADO SPRINGS CO 80920

Mailing Address

1935 JAMBOREE DR.  
STE. 100  
COLORADO SPRINGS CO 80920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

84-0846389

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
BENGER, SCOTT C  
941 N MERIDIAN ST  
INDIANAPOLIS IN 46204 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
Norman Rokosh ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
SAGE, RANDAL J  
941 N MERIDIAN AVENUE  
INDIANAPOLIS IN 46204 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
Michael Renninger ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CAO  
DILLON, JOHN  
941 N MERIDIAN AVENUE  
INDIANAPOLIS IN 46204 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
David O. Hicks ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
THORPE, JOHN A  
941 N MERIDIAN ST  
INDIANAPOLIS IN 46204 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CONTROLLER  
Michael Pittman  
941 N. Meridian Street  
Indianapolis, IN 46204 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
CORDER, SIDNEY V  
941 N MERIDIAN ST  
INDIANAPOLIS IN 46204 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
CORDER, SIDNEY V  
1935 JAMBOREE DR., SUITE 100  
COLORADO SPRINGS CO 80920 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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:

*Michael Renninger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

Date

317-634-1000

Daytime Phone #

CR2E034 (5/00)