

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 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 # F95000004034 (3)

1. Corporation Name:
FOTI NETWORK SERVICES (CORP.)



Principal Place of Business
6555 S. KENTON STREET, SUITE 301
SUITE 308
ENGLEWOOD CO 80111
US

Mailing Address
6555 S. KENTON STREET, SUITE 301
SUITE 308
ENGLEWOOD CO 80111-8802
US

3. Date Incorporated or Qualified
08/22/1995

3a. Date of Last Report
04/02/1996

4. FEI Number
84-0993274

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

2. Principal Place of Business
21. ~~Delete Suite 301.~~
Suite, Apt. #, etc.
22. Correct Suite is 308
City & State
23. Englewood, CO (not CL)
Zip Country
24. 25.

2a. Mailing Address
26. ~~Delete Suite 301.~~
Suite, Apt. #, etc.
27. Correct Suite is 308
City & State
28. 29. 30.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION 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 607.1506, 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 of Corporation (name of registered agent, and the address, etc.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MAASSEN, MARC E	
STREET ADDRESS	SUITE 308	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	V	☐ DELETE
NAME	NELSON, THOMAS W	
STREET ADDRESS	6555 SO KENTON ST SUITE 308	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VD	☐ DELETE
NAME	GRENFELL, JAMES D	
STREET ADDRESS	1050 17TH STREET SUITE 1610	
CITY-ST-ZIP	DENVER CO	
TITLE	DV	☒ DELETE
NAME	FIELD, JOHN D	
STREET ADDRESS	1050 - 17TH STREET, SUITE 1610	
CITY-ST-ZIP	DENVER CO 80265	
TITLE	VS	☒ DELETE
NAME	FREIDEL, MARTIN E	
STREET ADDRESS	1050 17TH STREET SUITE 1610	
CITY-ST-ZIP	DENVER CO	
TITLE	AT	☒ DELETE
NAME	HANKERD, MICHAEL	
STREET ADDRESS	1050 - 17TH STREET, SUITE 1610	
CITY-ST-ZIP	DENVER CO 80265	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME	Maassen, Marc E.	
1.3 STREET ADDRESS	9605 E. Maroon Circle	
1.4 CITY-ST-ZIP	Englewood, CO 80112	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VTD	☒ Change ☐ Addition
3.2 NAME	Grenfell, James D.	
3.3 STREET ADDRESS	9605 E. Maroon Circle	
3.4 CITY-ST-ZIP	Englewood, CO 80112	
4.1 TITLE	PD	☐ Change ☒ Addition
4.2 NAME	Helwege, Mark S.	
4.3 STREET ADDRESS	6555 S. Kenton, Suite 308	
4.4 CITY-ST-ZIP	Englewood, CO 80111	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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:

Mark S. Helwege
Mark S. Helwege, NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97
Date

(303) 792-0770
Daytime Phone #

0496538

CR2E034 (9/96)