

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004607

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: FRONT RANGE DESIGN GROUP, INCORPORATED

**Current Principal Place of Business:**

6850 W 52ND AVE  
SUITE 201  
ARVADA, CO 80002 US

**New Principal Place of Business:**

**Current Mailing Address:**

6850 W 52ND AVENUE  
SUITE 201  
ARVADA, CO 80002 US

**New Mailing Address:**

FEI Number: 84-1151946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: DECHANT, JAMES  
Address: 6850 W. 52ND AVE., STE. 201  
City-St-Zip: ARVADA, CO 80002

Title: DVT ( ) Delete  
Name: WILDUNG, GARRETT N  
Address: 6850 2 52ND AVENUE, SUITE 201  
City-St-Zip: ARVADA, CO 80002

Title: DP ( ) Delete  
Name: HAMBACHER, DEGAN  
Address: 6850 W 52ND AVENUE, SUITE 201  
City-St-Zip: ARVADA, CO 80002

Title: D ( ) Delete  
Name: OVERSTREET, MONTY  
Address: 6850 W 52ND AVENUE SUITE 201  
City-St-Zip: ARVADA, CO 80002

Title: D ( ) Delete  
Name: DIXON, MICHAEL  
Address: 6850 W 52ND AVENUE SUITE 201  
City-St-Zip: ARVADA, CO 80002

Title: D ( ) Delete  
Name: GABBERT, THOMAS  
Address: 6850 W 52ND AVENUE SUITE 201  
City-St-Zip: ARVADA, CO 80002

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARRETT N. WILDUNG

DVT

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date