2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9600002069 1. Entity Name NHP-HDV SEVENTEEN, INC. Principal Place of Business Mailing Address

FILED May 03, 2001 8:00 am Secretary of State 05-03-2001 91136 010 ***150.00

2000 S COLORA TOWER TWO S DENVER CO 803 US	TE 2-1000	,	TOWER TWO STE 2-1000 DENVER CO 80222 US				# IBI	 } 01 1	18158 8 1311 33 111 61 5		 			
2. Principal P	lace of Busin	ess	3. Mailing Address											
~ Suite, Apt.	#, etc.		Suite, Apt. #, etc.						DO NOT WE	RITE IN THI	IS SPACE			
City & State	е		City & State			4.	. FEI N	umber	54-18019	18		Applied For Not Applicab	le	
Zip	Country		Zìp Count		ntry	5. Certificate of Status Desired				\$8.75 Additional Fee Required				
	6. Name		T	7.	. Name	and A	ddress of New	Registere	d Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					Name Street Address (P.O. Box Number is Not Acceptable)									
					City	V U Zip Code								
				!	City					F	L ² 0			
8. The above	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, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	ed Agent signat	ure required whe	n reinstatir	ng)		DATI	E 		_	
Tax filing requirement and elects to do so. After MAY 1					7!!! FEE IS \$150.00 001 Fee will be \$550.00 ible to Department of St				ion Campaign F Fund Contribut	_	□ \$5 □ Add	.00 May Be ded to Fees	,	
11.		OFFICERS AND D	RECTORS	12.		-	ADDITIO	ONS/CH	HANGES TO OF	FICERS A	ND DIRECTO	DRS IN 11	\Box ,	
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NAME	CONSIDINE, TERRY				(E	Patrio	Patrick J. Foye						15	
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NAME	KOMPANIEZ, PETER				ie Eet address	Ronald D. Monson								
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NAME	TOOMEY, THOMAS W												ĺ	
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CITY-ST-ZIP	DENVER C			CITY	-ST-ZIP	1								
TITLE	VT		☐ Delete	TITL	 E	SVPT					XX Chang	e	on	
NAME	HEATHK, F	PATRICIA K		NAM		Patri	lcia	к. н	Heath			_		
STREET ADDRESS)LORADO BLVD, TOWER	2 #2-1000	STRE	EET ADDRESS		==		=					
CITY-ST-ZIP	DENVER C	O 80222		CITY	'-ST-ZIP									
13. I hereby of indicated	certify that the	information supplied with the tor supplemental report is tr	is filing does not qualify for ue and accurate and that m	the exe	mption stat ture shall h	ted in Section	n 119.0 ne legal	7(3)(i), effect a	Florida Statutes	s. I further our	certify that th	e information cer 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 DIRECTOR

Patricia Heath Senior VP/Treas 4-26-01 (303) 757-8101

Date

Daytime Phone #