STE. 1700 DENVER CO 80 US	222		STE. 1700 DENVER CO 80222-4360 US	360			A NABULKA HISO HOMO BIHIH BOJH OBSH OB) 83 86		{ 1	
2. Principal Pl		ess orado Blvd.	3. Mailing Address 2000 South Colorado Blvd.								
Suite, Apt.		orado biva.	Suite, Apt. #, etc.			\dashv	DO NOT WRITE				
		te 2-1000	Tower Two, Suite 2-1000				DO NOT WHITE	114 11 110 0	or AOL		
City & State		te 2-1000	City & State			A FF	El Number		Applie	d For	
Denver, CO			Denver, CO			" ' '	06-0924986			plicable	
Zip	CO	Country	Zip	Country		+			\$8.75 Addition		
80222	1 '		80222	'		5. Certificate of Status Desired Fee Required					
- 6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					ame		-				
THE PREMIOR HALL CORPORATION SYSTEM INC							<u>-</u>				
THE PRENTICE-HALL CORPORATION SYSTEM, INC.					Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS STREET											
SUITE 105											
TALLAHASSEE FL 32301				С	ity			FL	Zip Code	1	
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											
Tax filing requirement and elects to do so. After MAY				!!! FEE IS \$150.00000 Fee will be \$550.00ble to Department of St		ate	10. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 N Added to		
11. OFFICERS AND D							DITIONS/CHANGES TO OFFICE	ERS AND	DIRECTORS IN	11	
	CEO	OFFICERS AND D	Delete	TITLE	CEO		THONS, CHANGES TO OTHO			Addition	
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NAME	STEVEN I) IDA	-ES Delete	NAME	I .	-	Bonder			•	
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NAME	DAVID L	WILLIAMS		NAME	Pat	rici	a K. Heath			İ	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR			STREET AD		2000 S. Colo. Blvd., Tower Two, #2-1000					
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NAME	HARRY G	ALCOCK		NAME			•				
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NAME	TROY D I	BUTTS		NAME			- ompaniez				
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CITY-ST-ZIP		DC 80222		CITY-ST-	^{ZIP} Den	ver,	CO 80222				

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: By:

Joef Bonder. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR