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Apr 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 # F96000002858 (6)

1. Corporation Name
MULTISOURCE SERVICES, INC.



Principal Place of Business Mailing Address
1 NORWEST CTR 1700 LINCOLN ST Ste 3200 1 NORWEST CTR 1700 LINCOLN ST Ste 3200
DENVER CO 80203 DENVER CO 80203

2. Principal Place of Business 2a. Mailing Address
21 1700 Lincoln St. 26 1700 Lincoln St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Ste. 3200 27 Ste. 3200
City & State City & State
23 Denver, CO 28 Denver, CO
Zip Country Zip Country
24 80203 25 USA 29 80203 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
06/07/1996 First Filing
4. FEI Number Applied For
84-1327882 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 81 Name
1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 83
84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	S
NAME	BOWEN, GEORGE C	1.2 NAME	Katherine P. Feld
STREET ADDRESS	1 NORWEST CTR 1700 LINCOLN ST	1.3 STREET ADDRESS	1 Norwest Ctr 1700 Lincoln St
CITY-ST-ZIP	DENVER CO 80203	1.4 CITY-ST-ZIP	Denver, CO 80203
TITLE	DT	2.1 TITLE	
NAME	BOWEN, GEORGE C	2.2 NAME	
STREET ADDRESS	1 NORWEST CTR 1700 LINCOLN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80203	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	VANDEHEY, MARK S	3.2 NAME	
STREET ADDRESS	1 NORWEST CTR 1700 LINCOLN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80203	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	DONOHUE, ANDREW J	4.2 NAME	
STREET ADDRESS	1 NORWEST CTR 1700 LINCOLN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80203	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	O'LEARY, PETER K	5.2 NAME	
STREET ADDRESS	1 NORWEST CTR 1700 LINCOLN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80203	5.4 CITY-ST-ZIP	
TITLE	CFOV	6.1 TITLE	
NAME	WILSON, ARLENE	6.2 NAME	
STREET ADDRESS	1 NORWEST CTR 1700 LINCOLN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80203	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: *[Signature]* 4/10/97 303-813-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0528188

CR2E034 (9/96)