

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0116121

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

1700 LINCOLN ST  
STE 3200  
DENVER CO 80203  
US

Mailing Address

1700 LINCOLN ST  
STE 3200  
DENVER CO 80203  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1996

4. FEI Number

84-1327882

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6803 S. Tucson Way

Suite, Apt. #, etc.

2a. Mailing Address

26 6803 S. Tucson Way

Suite, Apt. #, etc.

City & State

23 Englewood, CO

Zip

24 80112

Country

25 USA

City & State

28 Englewood, CO

Zip

29 80112

Country

30 USA

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 607.1508, 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

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BOWEN, GEORGE C	
STREET ADDRESS	1 NORWEST CTR 1700 LINCOLN ST	
CITY-ST-ZIP	DENVER CO 80203	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BOWEN, GEORGE C	
STREET ADDRESS	1 NORWEST CTR 1700 LINCOLN ST	
CITY-ST-ZIP	DENVER CO 80203	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	VANDEHEY, MARK S	
STREET ADDRESS	1 NORWEST CTR 1700 LINCOLN ST	
CITY-ST-ZIP	DENVER CO 80203	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DONOHUE, ANDREW J	
STREET ADDRESS	1 NORWEST CTR 1700 LINCOLN ST	
CITY-ST-ZIP	DENVER CO 80203	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FELD, KATHERINE P.	
STREET ADDRESS	1 NORWEST CTR 1700 LINCOLN ST	
CITY-ST-ZIP	DENVER CO	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	WILSON, ARLENE	
STREET ADDRESS	1 NORWEST CTR 1700 LINCOLN ST	
CITY-ST-ZIP	DENVER CO 80203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6803 S. Tucson Way
1.4 CITY-ST-ZIP	Englewood, CO 80112
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6803 S. Tucson Way
2.4 CITY-ST-ZIP	Englewood CO 80112
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6803 S. Tucson Way
3.4 CITY-ST-ZIP	Englewood CO 80112
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6803 S. Tucson Way
4.4 CITY-ST-ZIP	Englewood CO 80112
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	6803 S. Tucson Way
5.4 CITY-ST-ZIP	Englewood CO 80112
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CFO
6.3 STREET ADDRESS	Bowen, George C.
6.4 CITY-ST-ZIP	6803 S. Tucson Way Englewood CO 80112

14. 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 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]*

7/29/98

343-768-3562

CR2E034 (5/98)