

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000002952**

1. Entity Name

COLORADO CMC GROUP, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90020 037 ***158.75

Principal Place of Business

Mailing Address

12850 E. CONTROL TOWER RD., BOX J5
ENGLEWOOD CO 8011212850 E. CONTROL TOWER RD., BOX J5
ENGLEWOOD CO 80112-4518**608964**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2450 S. Downing St.

3. Mailing Address

2450 S. Downing St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Denver, Colorado

City & State

Denver, Colorado

Zip

80210

Country

USA

Zip

80210

Country

USA

4. FEI Number

84-1314984

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOSEY, RALPH C
SUBIN, SHAMS, ROSENBLUTH & MORAN, P.A.
111 NORTH ORANGE AVENUE, SUITE 900
ORLANDO FL 32801-2373

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2000 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PCS	BENES, RICHARD L	12 BLACKMER ROAD	ENGLEWOOD CO 80110	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VVC	BENES, CRAIG R	515 LAFAYETTE	DENVER CO 80218	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BENES, GRAHAM T	1309 S. GAYLORD	DENVER CO 80210	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/00

303-741-4500