

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003094

1. Entity Name

LTI, LASER TECHNOLOGY, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90002 030 ***150.00

CUU49111



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7070 SOUTH TUCSON WAY ENGLEWOOD CO 80112	7070 SOUTH TUCSON WAY ENGLEWOOD CO 80112-3921

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
84-0970494	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent		
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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ZYKAN, BLAIR
STREET ADDRESS	7070 SOUTH TUCSON WAY
CITY-ST-ZIP	ENGLEWOOD CO 80112
TITLE	DV <input type="checkbox"/> Delete
NAME	DUNNE, JEREMY
STREET ADDRESS	7070 SOUTH TUCSON WAY
CITY-ST-ZIP	ENGLEWOOD CO 80112
TITLE	D CFO <input type="checkbox"/> Delete
NAME	ABEEL, BRIAN
STREET ADDRESS	11825 120TH AVE NE
CITY-ST-ZIP	KIRKLAND WA 98034
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS DEWORTH
STREET ADDRESS	56 WEST 400 SOUTH, #220
CITY-ST-ZIP	SALT LAKE CITY UT 84101
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CFO / Secretary / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwin Phelps
STREET ADDRESS	583 Canoe Hill Rd.
CITY-ST-ZIP	New Canaan, CT 06840
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Bamberger
STREET ADDRESS	8371 Maplewood Dr.
CITY-ST-ZIP	Lenexa, KS 66215

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: _____ Date: 2/11/00 Daytime Phone #: 303-649-1000

CR2E034 19/99