

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90152 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000003876**

1. Corporation Name  
**TCID OF MICHIGAN, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>5619 DTC PARKWAY ENGLEWOOD CO 80111</b>		Mailing Address <b>P O BOX 5630 TAX DEPT DENVER CO 80217-630 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Country	
24		25	
29		30	
3. Date Incorporated or Qualified <b>07/31/1996</b>		4. FEI Number <b>84-0962849</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDERY, LEO J. JR.	1.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKEN, GARY K	2.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETT, STEPHEN M	3.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOTTERS II, BERNARD W	4.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP	
TITLE	AV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOKIN, NOLAN D.	5.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	5.4 CITY-ST-ZIP	
TITLE	AV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAYLOCK, GARY	6.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*Nolan D. Gookin*

**Nolan D. Gookin**  
**Assistant Vice President**

4/21/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)