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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 12 1997 8:00am

Secretary of State

303-220-0100

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600004431 (0)

CIBER EMPLOYEE SERVICES, INC.

5251 DTC PKWY #1450 ENGLEWOOD CO 80111		5251 DTC PKWY #1450 ENGLEWOOD CO 80111-2742									
						3	3. Date Incorporated o 08/28/1996	r Qualified	3a. Da	ate of Last	Report
2. Principal P	lace of Business	2a. Mailing Address			4	4. FEI Number			[ A	Applied For	
21		26					84-1348880				lot Applicable
Suite, Apt.	#, eta.	Suite, Apt. #, etc.			5	5. Certificate of Status	Desired S8.75 Additional Fee Required				
City & State 23	9	City & State			•	<ol> <li>Election Campaign F Trust Fund Contribut</li> </ol>	-	\$5.00 May Be Added to Fees			
Zip	Country		Zip Country				B. This corporation has				
24	25	29	30	30			Florida Statutes	· -		No	0. 100.002,
<del></del>	9, Name and Address of Current		1441			10	0. Name and Address	of New Re			
CT	CORPORATION SYSTEM	Andread St. Color of the St.		81	Name						
	O SOUTH PINE ISLAND ROAD			82	Ctroot 6	Address	(D.O. Roy Number is N	al Accordat	de)		
	NTATION FL 33324	·		02	Street	Street Address (P.O. Box Number is Not Acceptable)					
, _ ,				83	•				1		
				84	City		······································			85 Zip	Code
									FL	•   _	
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State on familiar with, and accept the obligations.	of Florida, Such change was	authorized	d by	the corp	i corporati poration's	tion submits this statem s board of directors. I h	ent for the p ereby accep	ourpose of the app	f changing pointment a	Its registered is registered
SIGNATURE	Stgriature, typed or profesionan a of registered agen	t and title-Lapplicable (NO	TE: Registere	d Agen	ıl signature i	e required wh	hen reinstating)	······································	DATE		
12.	OFFICERS AND	DIRECTORS	13.		<del></del>		ADDITIONS/CHANGE	S TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	DC	☐ DELETE	1.1 TITLE							Change	Addition
NAME	STEVENSON, BOB G		12 N	1 2 NAME		j					
STREET ADDRESS	5251 DTC PKWY #1450		1.3 STREET		ADDRESS						
CITY - ST - ZIP	ENGLEWOOD CO 80111		14 C	TY-ST	-ZIP						
TITLE	CEO	DELETE	21 TI			1				Change	Addition
NAME	STEVENSON, BOB G		22 N	22 NAME		}					
STREET ADDRESS	5251 DTC PKWY #1450		23 51	2 3 STREET ADDR		1			• • •		
CITY - S1 - ZiP	ENGLEWOOD CO 80111			2.4 CITY-S		ł					
TIDLE	DPS	DELETE		3 1 TITLE					····	Change	Addition
NAME	SLINGERLEND, MAC J		3.2 N/	3.2 NAME							_
STREET ADDRESS	5251 DTC PKWY #1450			3.3 STREET ADDRESS		1					
City-St-ZiP	ENGLEWOOD CO 80111			3.4. CITY-ST							
THLE		DELETE		4.1 TITLE					,	Change	Addition
NAMÉ	STORRISON, WILLIAM			4.2 NAME						_ •	
STREET ADDRESS	5251 DTC PKWY #1450			4.3 STREET AS							
CITY-S1-ZIP	ENGLEWOOD CO 80111			ITY-ST				•			
Tillé	VST	☐ DELETE			411	·				Change	Addition
NAME	LOFFREDO, CHRISTOPHER		5.2 N								
STREET ADDRESS	5251 DTC PKWY #1450				ADDRESS						
CHY-ST-ZIP	ENGLEWOOD CO 80111			ITY-\$T							
TITLE		DELETE	6.1 TI		- 511					Change	Addition
NAME		1									
STREET ADDRESS			- 1	6.2 NAME 6.3 STREET ADORES							
0 TY ST 7/P 14. Loo here:	Loy certify that the information supplied	with this filing does not qual		exer		stated in 5	Section 119.07(3)(i) Fx	orida Statute	s. I furthe	r certify the	at the
informatic	or indicated on this annual report or sufficer or director of the corporation or in Block 12 or Block 13 if changed, or	contemental aboual report is:	true and a	<b>ACCU</b>	rate and	d that my	signature shall have th	e same lena	il effect a	s if made u	inder oath: that