

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000004431 (0)

1. Corporation Name  
CIBER EMPLOYEE SERVICES, INC.

Principal Place of Business  
5251 DTC PKWY #1400  
ENGLEWOOD CO 80111

Mailing Address  
5251 DTC PKWY #1400  
ENGLEWOOD CO 80111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 84-1348880	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
		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	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, BOB G	1.2 NAME	
STREET ADDRESS	5251 DTC PKWY #1450	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, BOB G	2.2 NAME	
STREET ADDRESS	5251 DTC PKWY #1450	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	2.4 CITY-ST-ZIP	
TITLE	DPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLINGERLEND, MAC J	3.2 NAME	
STREET ADDRESS	5251 DTC PKWY #1450	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORRISON, WILLIAM	4.2 NAME	
STREET ADDRESS	5251 DTC PKWY #1450	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	4.4 CITY-ST-ZIP	
TITLE	VST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFFREDO, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	5251 DTC PKWY #1450	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)