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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004432 (8)

1. Corporation Name
CIBER CLIENT SERVICES, INC.



Principal Place of Business Mailing Address
5251 DTC PKWY #1450 5251 DTC PKWY #1450
ENGLEWOOD CO 80111 ENGLEWOOD CO 80111-2742

3. Date Incorporated or Qualified 08/28/1996 3a. Date of Last Report
4. FEI Number 84-1348881 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 81 Name
1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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 DC ☐ DELETE 1.1 TITLE ☐ Change ☐ 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 ☐ DELETE 2.1 TITLE ☐ Change ☐ 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 ☐ DELETE 3.1 TITLE ☐ Change ☐ 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 ☐ DELETE 4.1 TITLE ☐ Change ☐ 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 ☐ DELETE 5.1 TITLE ☐ Change ☐ 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 ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher L. Loffredo 1/8/97 303-220-0100

CR2E034 (9/96)