FILED

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90051 032 ***150.00

A CORNICO DE SERIO CENTA BRILL BRILL BRILL BRILL BRILL BRILL BRILL BRILL BERN ALGOR CITAR DE CARA

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F96000004432**1. Corporation Name

CIBER INFORMATION SERVICES, INC.

Principal Place of Business Mailing Address						i imbition tien enten metre anest antit	58141 88411 88111	. 6.6 4.346	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5251 DTC ¢LWU 1400 5251 DTC PKWY 1400 ENGLEWOOD CO 80111 US US						DO NOT WRITE IN THIS SPACE				
00		00				3. Date Incorporated or Qualifed				
						08/28/1996				
2. Principal P	lace of Business	2a. Mailing Address	_			4. FEI Number		<u> </u>	plied For	
21 525		26				84-1348881			t Applicable	
Suite, Apt.	#, etc. , te 1400	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	quired	
City & Stat	\ . M\	City & State				6. Election Campaign Financing		\$5.00 Added to	- 1	
23 En	Jews 2 CD	28	Count			Trust Fund Contribution) rees	
Zip	Country 25 A USA	Zip	30	ıy		This corporation owes the currer Personal Property Tax.		gible ☐Yes	DENo.	
24 80111	9. Name and Address of Current	29 Agent	[30]			10. Name and Address of New Re				
	3. Name and Address of Current	t Kegisteren Agent	8	1 Na	me		<u>-</u>		_	
C T CORPORATION SYSTEM						t Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD				2 Str	eet Addres	is (P.O. Box Number is Not Acceptab	4e)			
PLAN	NTATION FL 33324		8	3						
			_					85 Zip C	`ode	
				4 Cit			FL			
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	utnorizea c	v ine c	ned corpor orporation	ation submits this statement for the p 's board of directors. I hereby accept	urpose of ch the appointn	anging its nent as rec	registered gistered	
SIGNATURE							DATE			
12.	Signature, typed or printed name of registered agen OFFICERS ANI		13.	jent signa	(0re required v	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	
TITLE	DC	D DELETE	1.1 TITLE		T - 3	Director	_	Change	☐ Addition	
NAME	STEVENSON, BOB G		1.2 NAMI	Ē.	'	SIFE O.				
STREET ADDRESS	5251 DTC PKWY #1450		1.3 STRE	ET ADDR	ESS					
CITY-ST-ZIP	ENGLEWOOD CO 80111			1.4 CITY-ST-ZIP						
TITLE			2.1 TITLE					Change	☐ Addition	
NAME	STEVENSON, BOB G		2.2 NAM	.						
STREET ADDRESS			2.3 STRE	ET ADDR	ESS					
CITY-ST-ZIP			2. 4 CITY	2. 4 CITY-ST-ZIP						
TITLE	DPS	☐ DELETE	3.1 TITLE	E CE		30, Secretary	[Change	☐ Addition	
NAME	SLINGERLEND, MAC J	END, MAC J		≣	ļ	•				
STREET ADDRESS	5251 DTC PKWY #1450			ET ADDR	ESS					
CITY-ST-ZIP			3.4. CITY	-ST-ZIP						
TITLE	V	☐ DELETE	4.1 TITLE		U	ies operating officer	- l	Change	☐ Addition	
NAME	STORRISON, WILLIAM	LIAM 4.2		E						
STREET ADDRESS	5251 DTC PKWY #1450		4.3 STRE	ET ADDR	ESS					
CITY-ST-ZIP	ENGLEWOOD CO 80111		4.4 CITY-		I IN	AAA		Change	Addition	
TITLE	VST	401				, CAD, Assy Secretar	~}	™ criange		
NAME	LOFFREDO, CHRISTOPHER		5.2 NAM				•			
STREET ADDRESS	5251 DTC PKWY #1450			ET ADDR	aess					
CITY-ST-ZIP	ENGLEWOOD CO 80111	,	5.4 CITY		- B			Change	Addition	
TITLE		DELETE	6.1 TITLE		, -	trubi29	_		LE HUMBUI	
NAME			6.2 NAM		200	stal A. Maneuso 51 DTC fa-kway. Su	la sulmo	.		
STREET ADDRESS			6.3 STR	ET ADDF	ESS 525	51 DTC Pa-kway, Su	NE LAGS	•		

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 the 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 affactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

1/20/99

303)550 -0100