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Jan 15 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 # F96000004917 (8)

1. Corporation Name

BUSINESS INFORMATION TECHNOLOGY OF DELAWARE, INC



Principal Place of Business

Mailing Address

5251 DTC PKWY, SUITE 1400
ENGLEWOOD CO 80111

5251 DTC PKWY, SUITE 1400
ENGLEWOOD CO 80111-2742

2. Principal Place of Business

2a. Mailing Address

21 1800 Sutter Street

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 770

27

City & State

City & State

23 Concord, CA

28

Zip

Country

Zip

Country

24 94520

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 of the person authorized to file this report (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CD	STEVENSON, BOB	5251 DTC PKWY, SUITE 1400	ENGLEWOOD CO 80111	<input type="checkbox"/>
VSTD	SLINGERLAND, MAC J	5251 DTC PKWY, SUITE 1400	ENGLEWOOD CO 80111	<input type="checkbox"/>
V	LOFFREDO, CHRISTOPHER	5251 DTC PKWY, SUITE 1400	ENGLEWOOD CO 80111	<input type="checkbox"/>
P	MATLAND, JOHN M	1800 SUTTER ST, SUITE 770	CONCORDE CA 94520	<input type="checkbox"/>
V	SANGUINETTI, JOHN	1800 SUTTER ST, SUITE 770	CONCORDE CA 94520	<input type="checkbox"/>
V	WHEELER, RUSS	1800 SUTTER ST, SUITE 770	CONCORDE CA 94520	<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE <td>22 NAME</td> <td>23 STREET ADDRESS</td> <td>24 CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE <td>32 NAME</td> <td>33 STREET ADDRESS</td> <td>34 CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE <td>42 NAME</td> <td>43 STREET ADDRESS</td> <td>44 CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE <td>52 NAME</td> <td>53 STREET ADDRESS</td> <td>54 CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE <td>62 NAME</td> <td>63 STREET ADDRESS</td> <td>64 CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 agent 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 LOFFREDO

Date

Daytime Phone #

1/8/96 303-220-0100

CR2E034 (9/96)