

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

**FILED**

**Mar 31 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005174 (5)**  
1. Corporation Name  
**COLORADO CSI CORP**



Principal Place of Business <b>12835 E. ARAPAHOE ROAD TOWER 1 SUITE 500 ENGLEWOOD CO 80112</b>	Mailing Address <b>12835 E. ARAPAHOE ROAD TOWER 1 SUITE 500 ENGLEWOOD CO 80112</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified <b>10/07/1996</b>	
4. FEI Number <b>84-1228159</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	RAMIREZ, RAY	9936 BLACKBIRD CIRCLE	HIGHLANDS RANCH CO	
STD	RAMIREZ, RAMON	10290 W. BURGUNDY AVE	LITTLETON CO	
D	O'STEIN, JAMIE	7005 COOK WAY	LITTLETON CO	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ramon Ramirez
2.3 STREET ADDRESS	3296 W 153rd Drive
2.4 CITY-ST-ZIP	Goodyear, AZ 85038
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	O'stein Jamie
3.3 STREET ADDRESS	10789 Cook Pond Circle
3.4 CITY-ST-ZIP	Charlotte, NC 28277
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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(9)(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:  3-6-98 303-708-1000

CP2E034 (10/97)