

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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90039 030 \*\*\*150.00

DOCUMENT # F96000005264

1. Corporation Name

TCI ARGENTINA, INC.

Principal Place of Business

5619 DTC PARKWAY  
ENGLEWOOD CO 80111

Mailing Address

P O BOX 5630  
TAX DEPT  
DENVER CO 80217-630  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1996

4. FEI Number

84-1292935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 9197 S Peoria Street

Suite, Apt. #, etc.

22 Attn: Liberty Tax

23 City & State  
Englewood, CO

24 Zip  
80012

25 Country  
USA

2a. Mailing Address

26 P O Box 5630

Suite, Apt. #, etc.

27 Attn: Liberty Tax

28 City & State  
Denver, CO

29 Zip  
80217

30 Country  
USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE COB ☐ DELETE

NAME MALONE, JOHN C  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE PD ☒ DELETE

NAME EVANS, DAVID  
STREET ADDRESS 5619 DTC PKWY  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE VPT ☒ DELETE

NAME SCHOTTERS, BERNARD W II  
STREET ADDRESS 5619 DTC PKWY  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE V ☐ DELETE

NAME CURTIS, MIRANDA  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE AV ☐ DELETE

NAME NOSLER, DAVE  
STREET ADDRESS 5619 DTC PKWY  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE VSD ☒ DELETE

NAME BRETT, STEPHEN M  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-ST-ZIP ENGLEWOOD CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Malone, John C  
1.3 STREET ADDRESS 9197 S Peoria Street  
1.4 CITY-ST-ZIP Englewood, CO 80112

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME Blaylock, Gary  
2.3 STREET ADDRESS 9197 S Peoria Street  
2.4 CITY-ST-ZIP Englewood, CO 80111

3.1 TITLE VT ☐ Change ☒ Addition

3.2 NAME Flowers, David J.  
3.3 STREET ADDRESS 9197 S Peoria Street  
3.4 CITY-ST-ZIP Englewood, CO 80112

4.1 TITLE P ☒ Change ☐ Addition

4.2 NAME Curtis, Miranda  
4.3 STREET ADDRESS 9197 S Peoria Street  
4.4 CITY-ST-ZIP Englewood, CO 80112

5.1 TITLE AV ☒ Change ☐ Addition

5.2 NAME Nosler, Dave  
5.3 STREET ADDRESS 9197 S Peoria Street  
5.4 CITY-ST-ZIP Englewood, CO 80112

6.1 TITLE VS ☐ Change ☒ Addition

6.2 NAME Carr, Vivian  
6.3 STREET ADDRESS 9197 S Peoria Street  
6.4 CITY-ST-ZIP Englewood, CO 80112

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Blaylock/VP

4/28/99  
Date

(720)875-4000  
Daytime Phone #

CR2E034 (11/98)

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