

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005721

1. Entity Name

IMPOSTORS INC.

Principal Place of Business

3033 SO. PARKER RD., STE. 120
AURORA CO 80014

Mailing Address

3033 SO. PARKER RD., STE. 120
AURORA CO 80014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1186026

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

600003479086--9

City

11/28/00 012038018
****750.00 ****750.00

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Barbara A Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

10/26/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GREENBERG, SISSEL ECKENHAUSEN
STREET ADDRESS 3033 SO. PARKER RD., STE. 120
CITY-ST-ZIP AURORA CO 80014

TITLE PRESIDENT ☒ Change ☐ Addition
NAME SISSEL ECKENHAUSEN
STREET ADDRESS 3033 S. PARKER RD
CITY-ST-ZIP AURORA, CO 80014

TITLE ST ☐ Delete
NAME HUSS, TODD
STREET ADDRESS 3033 SO. PARKER RD., STE. 120
CITY-ST-ZIP AURORA CO 80014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KATZ-YUFFA, SIMONA
STREET ADDRESS 1110 YUMA ST
CITY-ST-ZIP DENVER CO 80204

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NANDOR, WILLIAM
STREET ADDRESS 2698 GAPWELL COURT
CITY-ST-ZIP PLEASANTON CA 94566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GERBER, JOHN M
STREET ADDRESS 1601 MARKER ST STE 2450
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE DIRECTOR ☐ Change ☒ Addition
NAME GERALDINE MAGALNICK
STREET ADDRESS 3033 S. PARKER RD
CITY-ST-ZIP AURORA, CO 80014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME GARY WOLF
STREET ADDRESS 3033 S. PARKER RD
CITY-ST-ZIP AURORA, CO 80014

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with or without other title empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/00 303 338-1800

CR2E034 (5/00)