

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000006727

1. Entity Name
TGRC THE GATES CORPORATION



Principal Place of Business
**1551 WEWATTA ST.
DENVER, CO 80202-6173**

Mailing Address
**P.O BOX 5887
MAIL STOP 31-4-1-A4
DENVER, CO 80217 US**



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number
84-0857401

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
BELL, R.
1551 WEWATTA ST.
DENVER, CO 802026173**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
BELL, R.
1551 WEWATTA ST.
DENVER, CO 802026173**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SD
LEVINE, JONATHON
1551 WEWATTA STREET
DENVER, CO 802026173**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**AT
SULLIVAN, KATHLEEN A
1551 WEWATTA ST.
DENVER, CO 802026173**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
WILKINSON, PAUL
84 UPPER RICHMOND ROAD
LONDON, UK sw152st**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
STECKLEIN, A L
1551 WEWATTA ST.
DENVER, CO 802026173**

U00000511483
04/29/06-80051-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 as 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

Joseph C. Procopio

Assistant Treasurer

Date

Daytime Phone #

303.744.4216