


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 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
--	--



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 84-0857401	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

02/02/07-80069-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, R. 1551 WEWATTA ST. DENVER, CO 802026173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, R. 1551 WEWATTA ST. DENVER, CO 802026173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVINE, JONATHON 1551 WEWATTA STREET DENVER, CO 802026173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SULLIVAN, KATHLEEN A 1551 WEWATTA ST. DENVER, CO 802026173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILKINSON, PAUL 84 UPPER RICHMOND ROAD LONDON, UK sw152st
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STECKLEIN, A L 1551 WEWATTA ST. DENVER, CO 802026173

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/30/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #