

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
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**

DO NOT WRITE IN THIS SPACE



01042008 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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

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01/24/08-80010-007 150.00

**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 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

Date

Daytime Phone #

1/10/08

303-744-4216