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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001390

1. Corporation Name

REESE ENGINEERING, INC.



Principal Place of Business 44 COOK ST #800 DENVER CO 80206	Mailing Address 44 COOK ST #800 DENVER CO 80206
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 03/18/1997	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired 8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	REESE, JOHN D	1.1 TITLE	President/Principal	1.2 NAME	
STREET ADDRESS		STREET ADDRESS	44 COOK ST #800	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	DENVER CO 80206	2.1 TITLE	Principal	2.2 NAME	Michael J. Lee
TITLE		NAME	Principal	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
NAME		STREET ADDRESS	300 S. Allen, Suite 402	3.1 TITLE	Principal	3.2 NAME	James A. Huckman
STREET ADDRESS		CITY-ST-ZIP	State College, PA 16801	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		TITLE		4.1 TITLE		4.2 NAME	
TITLE		NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS		5.1 TITLE		5.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		STREET ADDRESS		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP					

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

1-11-99
Date

303-316-9270
Daytime Phone #

CR2E034 (11/98)