

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 15 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000001500 (4)**  
 1. Corporation Name

**ASPEN MARKETING, INC.**



Principal Place of Business 27985 MEADOW DR., 2ND FL. EVERGREEN CO 80439	Mailing Address 27985 MEADOW DR., 2ND FL. EVERGREEN CO 80439
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/24/1997**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>95-3653850</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

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

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	<b>DCEO</b>	1.1 TITLE	<b>CFOS</b>
NAME	<b>CANNON, NEIL P</b>	1.2 NAME	<b>BRESLIN, THOMAS</b>
STREET ADDRESS	<b>27985 MEADOW DR., 2ND FL.</b>	1.3 STREET ADDRESS	<b>27985 MEADOW DR. 2nd FL</b>
CITY-ST-ZIP	<b>EVERGREEN CO 80439</b>	1.4 CITY-ST-ZIP	<b>EVERGREEN, CO 80439</b>
TITLE	<b>DS</b>	2.1 TITLE	
NAME	<b>SCHMIDT, JOSEPH J III</b>	2.2 NAME	
STREET ADDRESS	<b>4700 E. AIRPORT DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ONTARIO CA 91761</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	
NAME	<b>PEARSON, LYNDON L</b>	3.2 NAME	
STREET ADDRESS	<b>3508 CRESTBROOK RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35223</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	
NAME	<b>MESSNER, BARRY R</b>	4.2 NAME	
STREET ADDRESS	<b>4700 E. AIRPORT DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ONTARIO CA 91761</b>	4.4 CITY-ST-ZIP	
TITLE	<b>CFOS</b>	5.1 TITLE	<b>CONTROLLER, V</b>
NAME	<b>CALLEJAS, DAVID R</b>	5.2 NAME	
STREET ADDRESS	<b>27985 MEADOW DR. 2ND FL.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EVERGREEN CO 80439</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *[Handwritten Signature]* 7/3/98 (909) 390-9000 x298

CR2E034 (5/98)