DOCUMENT # F9700001665 1. Entity Name INSIGNIA RELATED, INC.							May 07, 2001 8:00 am Secretary of State 05-07-2001 90031 014 ***150.00					
Principal Plac 200 S. COLOR OWER TWO S ENVER CO 80 S	TE 2-1000	s ··	Mailing Address PO BOX 1089 GREENVILLE SC 29602				e a a c c c c c c c c c c c c c c c c c					
2. Principal F		ness	3. Mailing Address 2000 S. Colo Blvd. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			Tower Two Ste. 2-1000 City & State Denver, CO				4. FEI Number	56-202056	6	<u> </u>	pplied For ot Applicable	
Zip		Country	Zip 80222	Coun	try SA		5. Certificate of Status Desired \$\ \bigsize \text{Fe} \] 7. Name and Address of New Registered Age		Fee Require			
	6. Name	and Address of Curren	t Hegistered Agent		Name		/, Name and Ad	acress of New I	Registerea	Agent		
THE PRENTICE HALL CORP SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301-2525						dress (P.	O. Box Number i	s Not Acceptab	le)			
					City				FL	Zip Cod	ie	
Tax filing	_	ible to satisfy its Intangibland elects to do so.	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State								
11.		OFFICERS AND		12.			ADDITIONS/CH	IANGES TO OF	FICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EZ, PETER K OLO. BLVD., TOWER CO 80222	□ Delete TWO, #2-1000		- 1		•		-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS BONDER, 2000 S. C DENVER O	OLO. BLVD., TOWER	□ Delete					4		☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HEATH, P. 2000 S. C	atricia k Olo. Blvd., Tower	☐ Delete		1			~		☐ Change	Addition	
TITLE NAME STREET ADDRESS		THOMAS W	Delete	TITLE				=		☐ Change	Addition	
CITY-ST-ZIP	DENVER C	OLO. BLVD., TOWER 1 10 80222			ST-ZIP	·. 				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CEOD Delete CONSIDINE, TERRY 2000 S. COLO BLVD., TOWER TWO, #2-1000 DENVER CO 80222			NAMI STRE	(°				,	onange	- Addition	
NAME STREET ADDRESS CITY-ST-ZIP			Delete The this filing does not qualify for	CITY	ET ADDRESS ST-ZIP	d in Sect	ion 119,07(3)(i) 1	Florida Statutes	I further ce	☐ Change	Addition	

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 11 or Block 12 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

Joel Bonder, Secretary 4-27-01 (303) 757-8101

Daytime Phone #