

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **F97000001933 (7)**

1. Corporation Name

EASTER OWENS INTEGRATED SYSTEMS, INC.



| | |
|---|---|
| Principal Place of Business 6522 FIG STREET ARVADA CO 80004 | Mailing Address 6522 FIG STREET ARVADA CO 80004 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|--|
| 2. Principal Place of Business 21 6522 Fig Street Suite, Apt. #, etc. | | 2a. Mailing Address 26 6522 Fig Street Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 04/14/1997 | |
| 22 City & State 23 Arvada, Colorado Zip 24 80004 Country 25 USA | | 27 City & State 28 Arvada, Colorado Zip 29 80004 Country 30 USA | | 4. FEI Number 84-1281180 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| p. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City FL 85 Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | | | | | |
|-----------------------------------|------------------------------|---------------------------------|--------------------|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | CDP | <input type="checkbox"/> DELETE | 1.1 TITLE | CEO | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | EASTER, DAVID A | | 1.2 NAME | | | | |
| STREET ADDRESS | 6522 FIG STREET | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | ARVADA CO 80004 | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | OD | <input type="checkbox"/> DELETE | 2.1 TITLE | Second Executive Officer | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | EASTER, SCOTT W | | 2.2 NAME | | | | |
| STREET ADDRESS | 6522 FIG STREET | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | ARVADA CO 80004 | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | EVD | <input type="checkbox"/> DELETE | 3.1 TITLE | President | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | WEERS, DOUGLAS C | | 3.2 NAME | | | | |
| STREET ADDRESS | 127 E NEWBERRY STREET | | 3.3 STREET ADDRESS | 2186 Jackson Keller | | | |
| CITY-ST-ZIP | ROMEO MI 48065 | | 3.4 CITY-ST-ZIP | San Antonio, TX 78213 | | | |
| TITLE | DST | <input type="checkbox"/> DELETE | 4.1 TITLE | Secretary/Treasurer | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BACHEL, CURTIS D | | 4.2 NAME | | | | |
| STREET ADDRESS | 6522 FIG STREET | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | ARVADA CO 80004 | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | DV | <input type="checkbox"/> DELETE | 5.1 TITLE | Executive Vice President | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | ROCHON, DONALD M | | 5.2 NAME | | | | |
| STREET ADDRESS | 127 E NEWBERRY STREET | | 5.3 STREET ADDRESS | 12700 - 31 Mile Road | | | |
| CITY-ST-ZIP | ROMEO MI 48065 | | 5.4 CITY-ST-ZIP | Washington, MI 48095 | | | |
| TITLE | Vice President | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | Terry Richlovsky | | 6.2 NAME | | | | |
| STREET ADDRESS | 2186 Jackson Keller | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | San Antonio, TX 78213 | | 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 as an attachment with an address.

SIGNATURE _____ **Curtis D. Bachel 4/20/98 (303) 431-0111**

CR2E034 (10/97)