2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 04, 2000 8:00 am Secretary of State DOCUMENT # F9700004101 1. Entity Name FLATIRON CREDIT COMPANY, INC. 02-04-2000 90038 003 ***150.00 Principal Place of Business Mailing Address 600 17TH ST #1900S 600 17TH ST #1900S **DENVER CO 80202-5419** DENVER CO 80202 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 84-1421362 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 \$10 MH SL \$407.6 LAST WARR, GENE E SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. ---Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE DC ☐ Delete TITLE Change NAME COOPER, THOMAS A NAME STREET ADDRESS STREET ADDRESS 1291 LAUREL CT. CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME LEE, KEWSONG STREET ADDRESS STREET ADDRESS 466 LEXINGTON AVE. CITY-ST-ZIP CITY-ST-7IP NEW YORK NY 10017 ☐ Change Addition ☐ Delete TITLE TITLE NAME NEWMAN, HOWARD H NAME STREET ADDRESS STREET ADDRESS 466 LEXINGTON AVE. CITY-ST-7IP CITY-ST-7IP **NEW YORK NY 10017** Change Addition ☐ Delete TITLE TITLE PINKERTON, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 1801 CALIFORNIA ST., #3920 CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80224 ☐ Addition Change DP □ Delete TITLE NAME LUNDY, BRUCE I NAME STREET ADDRESS STREET ADDRESS 1801 CALIFORNIA ST., #3920 CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80224 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME PERSINGER, GENE E STREET ADDRESS STREET ADDRESS 600 17TH ST #1900S CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80202

13. 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 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:

GNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF

Gene E. Persinger

01/28/2000

Date

303-571-1711

Daytime Phone #