

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000004902** ✓

1. Corporation Name

INTEK INFORMATION, INC.

Principal Place of Business
**370 17TH STREET SUITE 3950
DENVER CO 80202**

Mailing Address
**370 17TH STREET SUITE 3950
DENVER CO 80202**

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90027 024 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

84-1334615

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. ☐ Yes ☐ No

2. Principal Place of Business

21 **5619 DTC PARKWAY**

Suite, Apt. #, etc.

22 **12TH FLOOR**

City & State

23 **ENGLEWOOD, CO**

Zip

24 **80111**

Country

25 **—**

2a. Mailing Address

26 **5619 DTC PARKWAY**

Suite, Apt. #, etc.

27 **12TH FLOOR**

City & State

28 **ENGLEWOOD, CO**

Zip

29 **80111**

Country

30 **—**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEOP** ☐ DELETE
NAME **O'CROWLEY, TIMOTHY C**
STREET ADDRESS **4790 S. LAFAYETTE**
CITY-ST-ZIP **ENGLEWOOD CO 80110**

TITLE **D** ☐ DELETE
NAME **O'NEAL, PATRICK F**
STREET ADDRESS **2397. DAISY LANE**
CITY-ST-ZIP **GOLDEN CO 80401**

TITLE **D** ☐ DELETE
NAME **UPCHURCH, H J JR**
STREET ADDRESS **370 17TH STREET, SUITE 3950**
CITY-ST-ZIP **DENVER CO 80202**

TITLE **D** ☒ DELETE
NAME **CURRIE, JOHN W**
STREET ADDRESS **370 17TH STREET, SUITE 3950**
CITY-ST-ZIP **DENVER CO 80202**

TITLE **VTAS** ☐ DELETE
NAME **DANIELSON, KRIS E**
STREET ADDRESS **4750 E. BAILS PLACE**
CITY-ST-ZIP **DENVER CO 80222**

TITLE ☐ DELETE
NAME **—**
STREET ADDRESS **—**
CITY-ST-ZIP **—**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **SEE ATTACHED**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **SEE ATTACHED**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **SEE ATTACHED**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **SEE ATTACHED FOR ADDITIONAL**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99

Date

Daytime Phone #

302-357-3030 ext 3084

CR2E034 (5/99)

INTEK INFORMATION, INC.

F97000004902
7/9/99

Officers and Directors

592068-90027-24

Officers:

Pres: TIMOTHY O'CROWLEY
Street: 4790 LAFAYETTE
City/State/Zip: ENGLEWOOD, CO 80110
Soc Sec No: 474-66-0569

Treasurer: KRIS DANIELSON
Street: 373 EMERSON STREET
City/State/Zip: DENVER, CO 80218
Soc Sec No: 560-57-8254

Vice-Pres: KRIS DANIELSON
Street: 373 EMERSON STREET
City/State/Zip: DENVER, CO 80218
Soc Sec No: 560-57-8254

Secretary: TIMOTHY O'CROWLEY
Street: 4790 LAFAYETTE
City/State/Zip: ENGLEWOOD, CO 80110
Soc Sec No: 474-66-0569

Directors:

Name: PATRICK F. O'NEAL
Street: 5619 DTC PARKWAY 12TH FLR.
City/State/Zip: ENGLEWOOD, CO 80111

Name: HAL POTE (The Beacon Group)
Street: 375 PARK AVENUE
City/State/Zip: NEW YORK, NY 10152

Name: H. JACKSON UPCHURCH
Street: 5619 DTC PARKWAY 12TH FLR.
City/State/Zip: ENGLEWOOD, CO 80111

Name: ERIC WILKINSON (The Beacon Group)
Street: 375 PARK AVENUE
City/State/Zip: NEW YORK, NY 10152

Name: RICK WELLER
Street: 5619 DTC PARKWAY 12TH FLR.
City/State/Zip: ENGLEWOOD, CO 80111

Name: GREG BATTON (Conning & Co)
Street: City Place II, 185 Asylum Street
City/State/Zip: Hartford, CT 06103-1131

Name: FRANK RICHARDS
Street: 5619 DTC PARKWAY 12TH FLR.
City/State/Zip: ENGLEWOOD, CO 80111

Name: STEVE PIAKER (Conning & Co)
Street: City Place II, 185 Asylum Street
City/State/Zip: Hartford, Ct 06103-1131