

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90238 047 ***150.00

DOCUMENT # F98000001039

1. Entity Name
CONVERGENT COMMUNICATIONS SERVICES, INC.

Principal Place of Business

400 INVERNESS DR S
 SUITE 400
 ENGLEWOOD CO 80112
 US

Mailing Address

400 INVERNESS DR S
 SUITE 400
 ENGLEWOOD CO 80112
 US

Attn: Shawna Kovac

2. Principal Place of Business

400 Inverness Dr. S. #400

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 "

City & State

Englewood, CO 80112

City & State

"

4. FEI Number **84-1387594**

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	SWANSON, JOHN	
STREET ADDRESS	400 INVERNESS DR S #400	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ADEN, PHILIP G	
STREET ADDRESS	400 INVERNESS DR S #400	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BURGESS, BETH K	
STREET ADDRESS	400 INVERNESS DR S #400	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	SV	<input type="checkbox"/> Delete
NAME	FREIDEL, MARTIN E	
STREET ADDRESS	400 INVERNESS DR S #400	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	EVFT	<input type="checkbox"/> Delete
NAME	ERWIN, BRIAN XXX	
STREET ADDRESS	400 INVERNESS DR S #400	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	DOZIER, MICHAEL	
STREET ADDRESS	400 INVERNESS DR S #400	
CITY-ST-ZIP	ENGLEWOOD CO	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph R. Zell	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard N. Gottbreht	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernest J. Sampias	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

Martin E. Freidel, 1/5/01, Tel: 303.749.3000

Signature and typed or printed name of officer, director, receiver, trustee, or Counsel & Secretary Date

Daytime Phone #

CR2E034 (10/00)