2000 UNIFORM BUSINESS REPORT (UBR)

CORPORATION SERVICE COMPANY 1201 HAS SERVED. S. Maleira Address of Rusiness ADD Inverties in Drive South Same South April 400 South April	DOCLI	MENT # FOOOO	201070		• -						
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South App 14 or Survey South South Applicable South Applicable South Applicable City & South South Applicable Component of South South Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FI. 32301-2525 City FL City FL Zip Code 8. The asserse resemble for this purpose of charaging its registered office or registered agent of the south resemble of the south	SUITE 400 ENGLEWOOD CO 80112 Same										
Suite 400 Englewood, CO Englewood, Englew	2. Principal F 400 Inv	Principal Place of Business 400 Inverness Drive South 3. Mailing Address Same									
Englewood, CO County Coun			Suite, Apt. #, etc.				DO NOT WRITI	E IN THIS SPA			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Cry FL Zip Code 8. The above numed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Footas. SIGNATURE N/A Signature	City & State Englewood, CO					•	4. FEI Number 84-1437158		No	t Applicable	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing at registered office or registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered to fine or registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered to fine or registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered to fine or registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered agent, or both, in the State of Fonda. SIGNATURE N/A Signava, type is clinical row of registered agent, or both, in the State of Fonda. Signava, type is clinical row of registered agent, or both, in the State of Fonda. Signava, type is clinical row of row of registered agent, or both, in the State of Fonda. Signava type is clinical row of row of registered agent. Signa			Zip	Coun	itry			Fe	e Required		
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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. N						_					
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SIGNAT RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1 / 24 / 2000 Daytime Phone #	SIGNAT	TURE: SIGNAT RE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	ER OR DIREC		VP,	Sec., & General Co Date 1/24/2	unsel 3		9.3000	