

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 29, 2001 08:00 AM****Secretary of State****DOCUMENT # F98000002396**1. Entity Name  
**PRESIDENTIAL BROKERAGE, INC.****Principal Place of Business**

5445 DTC PARKWAY, STE 1050

ENGLEWOOD

80111

CO

**Mailing Address**

5445 DTC PARKWAY, STE 1050

ENGLEWOOD

80111

CO

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****33-0469265**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM****1200 SOUTH PINE ISLAND ROAD****PLANTATION****33324****US****FL****7. Name and Address of New Registered Agent**

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)

**03/29/2001**

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 **D** ☒ Delete  
NAME **HARTH JOHN H**  
STREET ADDRESS **5445 DTC PARKWAY STE 1050**  
CITY-ST-ZIP **ENGLEWOOD CO 80111**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **SPEER MICHAEL W**  
STREET ADDRESS **5445 DTC PARKWAY STE 1050**  
CITY-ST-ZIP **ENGLEWOOD CO 80111**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **JOHNSON JOHN B**  
STREET ADDRESS **5445 DTC PKWY STE 1050**  
CITY-ST-ZIP **ENGLEWOOD CO**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VSD** ☐ Delete  
NAME **DUPRIEST JOHN A**  
STREET ADDRESS **5445 DTC PKWY STE 1050**  
CITY-ST-ZIP **ENGLEWOOD CO**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PCTD** ☐ Delete  
NAME **LEMPE DANIEL G**  
STREET ADDRESS **5445 DTC PKWY STE 1050**  
CITY-ST-ZIP **ENGLEWOOD CO**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 all other like empowered.

**SIGNATURE: Daniel G. Lempe**

pres

03/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)