

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90013 032 \*\*\*150.00

06/27/01 AT

**DOCUMENT # F98000007075**

1. Entity Name

**DOWNING, THORPE & JAMES, INC.**

Principal Place of Business

**1881 9TH STREET SUITE 103  
 BOULDER CO 80302**

Mailing Address

**1881 9TH STREET SUITE 103  
 BOULDER CO 80302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**84-1085729**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P THORPE, THOMAS W  
 3815 NEWPORT LANE  
 BOULDER CO 80304** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PRINCIPAL  
 VOLPE, M. RICHARD  
 4605 NASSAU PL. BOULDER, CO 80301** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V BEITZEL, MICHAEL A  
 919 ST. ANDREWS LANE  
 LOUISVILLE CO 80027** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PRINCIPAL  
 WILLIAMS, DAVID S.  
 3675 CONIFER CT. BOULDER, CO 80304** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V JAMES, STEVEN W  
 548 UTICA COURT  
 BOULDER CO 80304** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PRINCIPAL  
 CADY, LORI JO  
 3636 LARKWOOD CT. BOULDER, CO 80304** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CV DOWNING, R. B  
 806 MOUNTAIN VIEW AVENUE  
 LYONS CO 80540** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PRINCIPAL  
 NEW, RICK  
 5340 WILD DUNES CT. BOULDER, CO 80301** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S REILLY, WILLIAM P  
 3535 CLOVER CIRCLE  
 BOULDER CO 80304** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AP COMMODORE, GAIL  
 1157 QUINCE AVE  
 BOULDER CO 80304** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

*William P. Reilly*  
**WILLIAM P. REILLY**  
 VICE PRESIDENT

**4-14-02**

**303-443-7533**

Date

Daytime Phone #

CR2E034 (9/01)