

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91031 037 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # F98000007075 | | | | | |
| 1. Entity Name DTJ DESIGN, Inc. Formerly Known As Downing, Thorpe & James | | | | | |
| 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 Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 84-1085729 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P | NAME THORPE, THOMAS W | <input type="checkbox"/> Delete | TITLE Principal | NAME Volpe, M. Richard | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 3815 NEWPORT LANE | CITY-ST-ZIP BOULDER, CO 80304 | | STREET ADDRESS 4605 Nassau Pl. | CITY-ST-ZIP Boulder, CO 80301 | |
| TITLE V | NAME BEITZEL, MICHAEL A | <input type="checkbox"/> Delete | TITLE Principal | NAME Williams, David S. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 919 ST. ANDREWS LANE | CITY-ST-ZIP LOUISVILLE, CO 80027 | | STREET ADDRESS 4712 McKinley Dr. | CITY-ST-ZIP Boulder, CO 80303 | |
| TITLE V | NAME JAMES, STEVEN W | <input type="checkbox"/> Delete | TITLE Principal | NAME Cady, Lori Jo | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 548 UTICA COURT | CITY-ST-ZIP BOULDER, CO 80304 | | STREET ADDRESS 3636 Larkwood Ct. | CITY-ST-ZIP Boulder, CO 80304 | |
| TITLE CV | NAME DOWNING, R. B | <input type="checkbox"/> Delete | TITLE Principal | NAME Hartrnft, J6n Erik | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 806 MOUNTAIN VIEW AVENUE | CITY-ST-ZIP LYONS, CO 80540 | | STREET ADDRESS 817 Lincoln Avenue, | CITY-ST-ZIP Boulder, CO 80027 | |
| TITLE S | NAME REILLY, WILLIAM P | <input type="checkbox"/> Delete | TITLE Principal | NAME Kopf, Thomas W. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 3535 CLOVER CIRCLE | CITY-ST-ZIP BOULDER, CO 80304 | | STREET ADDRESS 7339 Buckingham Rd. | CITY-ST-ZIP Boulder, CO 80301 | |
| TITLE AP | NAME COMMODORE, GAIL | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1157 QUINCE AVE | CITY-ST-ZIP BOULDER, CO 80304 | | STREET ADDRESS | CITY-ST-ZIP | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Gail A. Commadore</i> | | | Vice President | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 2/25/04 | | |
| | | | 303 443 7533 | | |
| | | | Date Daytime Phone # | | |