



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90147 016 \*\*\*150.00

<b>DOCUMENT # F98000007075</b> 1. Entity Name <b>DOWNING, THORPE &amp; JAMES, INC.</b> <b>DTJ DESIGN, Inc.</b>					
Principal Place of Business <b>1881 9TH STREET SUITE 103</b> <b>BOULDER, CO 80302</b>			Mailing Address <b>1881 9TH STREET SUITE 103</b> <b>BOULDER, CO 80302</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
01192005      Chg-P      CR2E034 (10/03)				4. FEI Number <b>84-1085729</b>	
5. Certificate of Status Desired -- <input type="checkbox"/> -- <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V <b>THORPE, THOMAS W</b> <b>3815 NEWPORT LANE</b> <b>BOULDER, CO 80304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V <b>David Williams</b> <b>4712 McKinlay Drive</b> <b>Boulder, CO 80303</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V <b>BEITZEL, MICHAEL A</b> <b>919 ST. ANDREWS LANE</b> <b>LOUISVILLE, CO 80027</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V <b>M. Rick Volpe</b> <b>4605 Nassau Place</b> <b>Boulder, CO 80301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V <b>JAMES, STEVEN W</b> <b>548 UTICA COURT 450 Poplar Ave.</b> <b>BOULDER, CO 80304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V <b>Thomas Kopf</b> <b>7339 Buckingham Rd.</b> <b>Boulder, CO 80301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> CV <b>DOWNING, R. B</b> <b>806 MOUNTAIN VIEW AVENUE</b> <b>LYONS, CO 80540</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V <b>S. Chris Moore</b> <b>4353 Limatilla St.</b> <b>Denver, CO 80221</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> S <b>REILLY, WILLIAM P</b> <b>3535 CLOVER CIRCLE</b> <b>BOULDER, CO 80304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V <b>Lori Cady</b> <b>3636 Larkwood Court</b> <b>Boulder, CO 80304</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> AP V <b>COMMODORE, GAIL</b> <b>1157 QUINCE AVE</b> <b>BOULDER, CO 80304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V <b>J. Erik Hartonft</b> <b>817 Lincoln Ave.</b> <b>Louisville, CO 80027</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Gail A. Commadore</u> V.P.      1/19/05 3034437933 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

*Gail A. Commadore*