

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90172 049 \*\*\*150.00

**DOCUMENT # F99000000717**

1. Entity Name

**AMERITON PROPERTIES INCORPORATED**

Principal Place of Business

**7630 SOUTH CHESTER ST  
 STE-190  
 ENGLEWOOD CO 80112**

Mailing Address

**7670 SOUTH CHESTER ST  
 SUITE 100  
 ENGLEWOOD CO 80112**

2. Principal Place of Business

**9200 E. Panorama Circle**

3. Mailing Address

**9200 E. Panorama Circle**

Suite, Apt. #, etc.

**Suite 400**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Englewood, CO**

City & State

**Englewood, CO**

Zip

**80112**

Country

**USA**

Zip

**80112**

Country

**USA**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**

**1201 HAYS STREET**

**TALLAHASSEE FL 32301-2525**

4. FEI Number

**74-2726581**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

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)

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

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SELLERS, R S</b>	
STREET ADDRESS	<b>7670 S. CHESTER ST., STE 100</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MISCHER JR, WALTER M</b>	
STREET ADDRESS	<b>2727 N LOOP WEST, STE-200</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77008</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHELESS III, WILLIAM M</b>	
STREET ADDRESS	<b>2001 KIRBY DR STE-514</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77019-6096</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOORE, CONSTANCE B</b>	
STREET ADDRESS	<b>125 LINCOLN AVE</b>	
CITY-ST-ZIP	<b>SANTA FE NM 87501</b>	
TITLE	<b>ACON</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KELL, WILLIAM</b>	
STREET ADDRESS	<b>7777 MARKET CENTER AVE</b>	
CITY-ST-ZIP	<b>EL PASO TX 79912</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRIMM, PETER M</b>	
STREET ADDRESS	<b>8801 WALL STREET</b>	
CITY-ST-ZIP	<b>AUSTIN TX 78754</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9200 E. Panorama Circle, Suite 400</b>
STREET ADDRESS	<b>Englewood, CO 80112</b>
CITY-ST-ZIP	
TITLE	<b>President/Executive Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jeffrey A. Jones</b>
STREET ADDRESS	<b>9200 E. Panorama Circle, Suite 400</b>
CITY-ST-ZIP	<b>Englewood, CO 80112</b>
TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Charles E. Mueller, Jr.</b>
STREET ADDRESS	<b>9200 E. Panorama Circle, Suite 400</b>
CITY-ST-ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James H. Polk III</b>
STREET ADDRESS	<b>125 Lincoln Avenue</b>
CITY-ST-ZIP	<b>Santa Fe, NM 87501</b>
TITLE	<b>Senior Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>W. Robert Smith</b>
STREET ADDRESS	<b>9200 E. Panorama Circle, Suite 400</b>
CITY-ST-ZIP	
TITLE	<b>Executive Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Christopher T. Nolan</b>
STREET ADDRESS	<b>9200 E. Panorama Circle, Suite 400</b>
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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(303) 708-5959**

CR2E034 (9/01)