2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # F99000000717

1. Entity Name
AMERITON PROPERTIES INCORPORATED

Principal Place of Business	Mailing Address
9200 E. PANORMA CIRCLE, STE. 400 ENGLEWOOD, CO 80112	9200 E. PANORMA CIRCLE, STE. 400 ENGLEWOOD, CO 80112

DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

4. FEI Number
74-2726581

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SED
NAME	SELLERS, R S
STREET ADDRESS	9200 E. PANORMA CIRCLE SUITE 400
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	PED
NAME	JONES, JEFFRY A
STREET ADDRESS	9200 E. PANORMA CIRCLE SUITE 400
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	D
NAME	MUELLER, CHARLES E JR.
STREET ADDRESS	9200 E. PANORMA CIRCLE SUITE 400
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	D
NAME	REIF, THOMAS S
STREET ADDRESS	9200 E. PANORMA CIRCLE SUITE 400
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	GVP
NAME	PEPPERCORN, MARK P
STREET ADDRESS	9200 E. PANORMA CIRCLE SUITE 400
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	GVP
NAME	NOLAN, CHRISTOPHER T
STREET ADDRESS	SIX PIEDMONT CENTER, 6TH FLOOR
CITY-ST-ZIP	ATLANTA, GA 30305

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03/21/07-80038-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bob Lund - VP, Corporate Tax 720-873-6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #