

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90097 017 ***150.00

DOCUMENT # F99000000869

1. Entity Name
POLICY STUDIES INC.

Principal Place of Business Mailing Address
999 18TH STREET, STE 900 **999 18TH STREET, STE 900**
DENVER CO 80202 **DENVER CO 80202-2409**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1000		Suite, Apt. #, etc. 1000	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
84-0938521 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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, 2000 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ROBERT G 999 18TH STREET, STE 900 DENVER CO	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LEVY, MARK A 999 18TH STREET, STE 900 DENVER CO	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KATZMAN, J.F 999 18TH STREET, STE 900 DENVER CO	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PRICE, DAVID A 999 18TH STREET, STE 900 DENVER CO	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, VICTORIA S 999 18TH STREET, STE 900 DENVER CO	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANGILLE, FRED 999 18TH STREET, STE 900 DENVER CO	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1000	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1000	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1000	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1000	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1000	<input type="checkbox"/>	<input type="checkbox"/>

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: **Mark A. Levy** **REQUIRED** Date: **1-13-00** Daytime Phone #: **303-863-0900**

CR2E034 (9/99)