

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90042 012 \*\*\*150.00

**DOCUMENT # F99000001203**

1. Entity Name  
ARC TRS, INC.



Principal Place of Business

600 GRANT ST  
STE 900  
DENVER, CO 80203

Mailing Address

600 GRANT ST  
STE 900  
DENVER, CO 80203

**DO NOT WRITE IN THIS SPACE**



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
84-1491189

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SPRENGLE, JOHN G  
STREET ADDRESS 600 GRANT STREET STE 900  
CITY-ST-ZIP DENVER, CO 80203

TITLE VT  
NAME KREIDER, LAWRENCE  
STREET ADDRESS 600 GRANT STREET STE 900  
CITY-ST-ZIP DENVER, CO 80203

TITLE VS  
NAME GESELL, SCOTT L  
STREET ADDRESS 600 GRANT STREET STE 900  
CITY-ST-ZIP DENVER, CO 80203

TITLE C  
NAME JACKSON, SCOTT D  
STREET ADDRESS 600 GRANT STREET STE 900  
CITY-ST-ZIP DENVER, CO 80203

TITLE V  
NAME LAWRENCE, SCOTT  
STREET ADDRESS 600 GRANT ST STE 900  
CITY-ST-ZIP DENVER, CO 80203

TITLE V  
NAME FRENCH, MARY  
STREET ADDRESS 600 GRANT ST STE 900  
CITY-ST-ZIP DENVER, CO 80203

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IN THIS SPACE**

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, without other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04

(303) 291-0222

Date

Daytime Phone #