

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90285 008 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001712

1. Entity Name
ICG EQUIPMENT, INC.

Principal Place of Business
161 INVERNESS DRIVE WEST
ENGLEWOOD, CO 80112

Mailing Address
161 INVERNESS DRIVE WEST
ATTN: LEGAL DEPARTMENT
ENGLEWOOD, CO 80112

552893

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 841448149		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		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, 2001 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BEANS, WILLIAM S JR.			NAME	RANDALL E. CURRAN		
STREET ADDRESS	161 INVERNESS DRIVE WEST			STREET ADDRESS	161 INVERNESS DRIVE WEST		
CITY-ST-ZIP	ENGLEWOOD, CO 80112			CITY-ST-ZIP	ENGLEWOOD, CO 80112		
TITLE	EVD	<input checked="" type="checkbox"/> Delete		TITLE	PRES., DIR.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HERBST, HARRY R.			NAME	RICHARD FISH		
STREET ADDRESS	161 INVERNESS DRIVE WEST			STREET ADDRESS	161 INVERNESS DRIVE WEST		
CITY-ST-ZIP	ENGLEWOOD, CO 80112			CITY-ST-ZIP	ENGLEWOOD, CO 80112		
TITLE	EVSD	<input checked="" type="checkbox"/> Delete		TITLE	EVP, SEC., DIR., GC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TEAGUE, H. DON			NAME	BERNARD L. ZUROFF		
STREET ADDRESS	161 INVERNESS DRIVE WEST			STREET ADDRESS	161 INVERNESS DRIVE WEST		
CITY-ST-ZIP	ENGLEWOOD, CO 80112			CITY-ST-ZIP	ENGLEWOOD, CO 80112		
TITLE	GC	<input checked="" type="checkbox"/> Delete		TITLE	TREAS.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TEAGUE, H. DON			NAME	DENNIS J. MARTIN		
STREET ADDRESS	161 INVERNESS DRIVE WEST			STREET ADDRESS	161 INVERNESS DRIVE WEST		
CITY-ST-ZIP	ENGLEWOOD, CO 80112			CITY-ST-ZIP	ENGLEWOOD, CO 80112		
TITLE	EV	<input checked="" type="checkbox"/> Delete		TITLE	ASST. SECR.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WASHINGTON, JAMES R.			NAME	ROBERT S. ALBERY		
STREET ADDRESS	161 INVERNESS DRIVE WEST			STREET ADDRESS	161 INVERNESS DRIVE WEST		
CITY-ST-ZIP	ENGLEWOOD, CO 80112			CITY-ST-ZIP	ENGLEWOOD, CO 80112		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	VP, CONTROLLER, DIR.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VEGILIANTE, REGINA A			NAME	JOHN V. COLGAN		
STREET ADDRESS	161 INVERNESS DRIVE WEST			STREET ADDRESS	161 INVERNESS DRIVE WEST		
CITY-ST-ZIP	ENGLEWOOD, CO 80112			CITY-ST-ZIP	ENGLEWOOD, CO 80112		

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: *Robert S. Albergy, Assistant Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-17-01 **Daytime Phone #:** 303 406 7021