2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State **DOCUMENT # F99000002781** 03-29-2005 90017 036 ****50.00 05-03-2005 90134 048 ***100.00 ASPEN RETIREMENT CORP. Mailing Address Principal Place of Business 252 CLAYTON STREET, 4TH FLOOR 252 CLAYTON STREET, 4TH FLOOR DENVER, CO 80206 **DENVER, CO 80206** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 84-1306646 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 мау Во 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Defete TITLE ☐ Change TITLE JACOBS, ROBERT NAME NAME 252 CLAYTON STREET, 4TH FLOOR STREET ACCORESS STREET ADORESS CITY-ST-ZIP **DENVER, CO 80206** CITY-ST-79 ☐ Delete ☐ Addition TITLE MORLEY, DAVID NAME NAME STREET ADDRESS 252 CLAYTON STREET, 4TH FLOOR STREET ADDRESS **DENVER, CO 80206** CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete IME ☐ Change Addition TITLE MÉSSAMORE, KEN NAME 252 CLAYTON STREET, 4TH FLOOR STREET ADDRESS STREET ADDRESS City-St-ZiP **DENVER, CO 80206** CITY-ST-70P TITLE Change ☐ Addition TITLE ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eccurate 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 employered 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. Robert J. JacobsytPres!:cobsMarchs: "p:2005 303-393-0033 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 03, 2005 8:00 am

3/4