2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F99000004290 Apr 14, 2000 8:00 am Secretary of State 1. Entity Name MARTIN HARPER & ASSOCIATES, INC. 04-14-2000 90099 025 ***150.00 Mailing Address Principal Place of Business P.O. BOX 4001 P.O. BOX 4001 WHEATRIDGE CO 80034 WHEATRIDGE CO 80034-4001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 84-1093281 Not Applicable 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 -Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. Sala Sept STEEL TO SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change ☐ Addition TITLE JANSEN, DUANE A NAME NAME STREET ADDRESS STREET ADDRESS 16547 W. 73RD DRIVE CITY-ST-ZIP CITY-ST-ZIP **GOLDEN CO 80403** ☐ Addition ☐ Change TITLE ☐ Delete TITLE THOMAS, GARY A NAME NAME STREET ADDRESS 3465 W. GREENWOOD PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80236 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DUNBAR, NEIL F NAME NAME STREET ADDRESS STREET ADDRESS 943 GILIA DRIVE CITY-ST-ZIP CITY-ST-ZIP GOLDEN CO 80401 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME KEYES, CHARLES D NAME STREET ADDRESS STREET ADDRESS 14050 FOOTHILL CIRCLE CITY-ST-ZIP CITY-ST-ZIP **GOLDEN CO 80401** ☐ Delete TITLE Change ☐ Addition TITLE MARTIN, JOHN A JR. NAME NAME STREET ADDRESS STREET ADDRESS 110 VIA PASQUAL CITY-ST-ZIP CITY-ST-ZIP **REDONDO BEACH CA 90277** ☐ Delete Change ☐ Addition TITI F TITLE NAME HARPER, GARY NAME STREET ADDRESS STREET ADDRESS 3300 WEST 69TH STREET CITY-ST-7IP CITY-ST-ZIP MISSION HILLS KS 66208

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00 303.431-6100