

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005895

1. Entity Name

ECRIX CORPORATION

Principal Place of Business

5525 CENTRAL AVENUE  
BOULDER CO 80301

Mailing Address

5525 CENTRAL AVENUE  
BOULDER CO 80301-2820

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

84-1346667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BEAVERS, KELLY	
STREET ADDRESS	5525 CENTRAL AVENUE	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JUAN	
STREET ADDRESS	5525 CENTRAL AVENUE	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	LAMBORN, CRAIG	
STREET ADDRESS	5525 CENTRAL AVENUE	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	D	<input type="checkbox"/> Delete
NAME	TANKERSLEY, JACK	
STREET ADDRESS	1600 WYNKOOP STREET, SUITE 300	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARSONS, DON	
STREET ADDRESS	1428 15TH STREET	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DEREK	
STREET ADDRESS	7302 ISLAND CIRCLE	
CITY-ST-ZIP	BOULDER CO 80301	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90038 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE