

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90083 030 ***150.00

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**

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 **84-1346667**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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 checked="" 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	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY SCHUTZ	
STREET ADDRESS	1428 15TH STREET	
CITY-ST-ZIP	DENVER, CO. 80202	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL ALMON	
STREET ADDRESS	10570 BLANDOR WY.	
CITY-ST-ZIP	LOS ALTOS, CA 94024	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP DAUBER	
STREET ADDRESS	27930 ROBLE ALTO	
CITY-ST-ZIP	LOS ALTOS, CA 94022	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN BUILDER	
STREET ADDRESS	FIVE PIEDMONT CENTER, SUITE 700	
CITY-ST-ZIP	ATLANTA, GA 30305	
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 #

Craig G. Lamborn
V.P. Finance 3/22/01

303 245 7266

CR2E034 (10/00)