

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000005904

1. Entity Name

CHARLES E. SMITH REALTY COMPANY



Principal Place of Business

9200 E PANORAMA CIRCLE
SUITE 400
ENGLEWOOD CO 80112

Mailing Address

9200 E PANORAMA CIRCLE
SUITE 400
ENGLEWOOD CO 80112

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

54-1713547

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

SMITH, ROBERT H
2345 CRYSTAL DRIVE
ARLINGTON VA 22202

TITLE NAME ☐ Delete

KOGOD, ROBERT P
2345 CRYSTAL DRIVE
ARLINGTON VA 22202

TITLE NAME ☐ Delete

CCEO
SELLERS, R SCOT
9200 E PANORAMA CIRCLE STE 400
ENGLEWOOD CO 80112

TITLE NAME ☐ Delete

EVCF
MUELLER, CHARLES E JR
9200 E PANORAMA CIRCLE STE 400
ENGLEWOOD CO 80112

TITLE NAME ☐ Delete

V
FLORY, DAVID
9200 E PANORAMA CIRCLE STE 400
ENGLEWOOD CO 80112

TITLE NAME ☐ Delete

EVP
BROWER, CAROLINE
9200 E. PANORAMA CIR., STE 400
ENGLEWOOD CO 80112

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

U000000048033
02/11/04-80086-004 150.00

TITLE NAME ☐ Change ☐ Addition

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12. 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 10 or Block 11 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

David M. Flory

2/04/04

303-708-5959

Date

Daytime Phone #