

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90107 011 \*\*\*150.00

**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**

**60023066**



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DEV  
FREEMAN, J. LINDSAY  
SIX PIEDMONT CENTER, SUITE 600  
ATLANTA, GA 30305**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DEV  
HAMILTON, DANA K  
9200 E PANORAMA CIRCLE, STE 400  
ENGLEWOOD, CO 80112**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CCEO  
SELLERS, R SCOT  
9200 E PANORAMA CIRCLE STE 400  
ENGLEWOOD, CO 80112**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**EVC  
MUELLER, CHARLES E JR  
9200 E PANORAMA CIRCLE STE 400  
ENGLEWOOD, CO 80112**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**EVP  
BROWER, CAROLINE  
9200 E. PANORAMA CIR., STE 400  
ENGLEWOOD, CO 80112**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, 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

**Bob Lund, VP, Corporate Tax 3/7/07 720-873-6445**

Date

Daytime Phone #