FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H10323 (4)

1. Corporation Name
TCID OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5619 DTC PARKWAY TAX DEPT. ENGLEWOOD CO 80111 US	P.O. BOX 5630 TAX DEPT. DENVER CO 80217 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1994
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 84-0977942 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST. STE. 105
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	1.1 TITLE	ASST. VP	☐ Change	☒ Addition
NAME	MARSHALL, BARRY P	1.2 NAME	NOLAN GOUKIN		
STREET ADDRESS	5619 DTC PARKWAY	1.3 STREET ADDRESS	5619 DTC PARKWAY		
CITY-ST-ZIP	ENGLEWOOD CO	1.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111		
TITLE	VS	2.1 TITLE		☐ Change	☐ Addition
NAME	DAVIS, TERREL E	2.2 NAME			
STREET ADDRESS	5619 DTC PARKWAY	2.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP			
TITLE	V	3.1 TITLE	ASST. VP	☒ Change	☐ Addition
NAME	HALSEY, GREG	3.2 NAME			
STREET ADDRESS	5619 DTC PARKWAY	3.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP			
TITLE	VD	4.1 TITLE		☐ Change	☐ Addition
NAME	BRACKEN, GARY K	4.2 NAME			
STREET ADDRESS	5619 DTC PARKWAY	4.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP			
TITLE	VT	5.1 TITLE		☐ Change	☐ Addition
NAME	SCHOTTERS, H B W.	5.2 NAME			
STREET ADDRESS	5619 DTC PARKWAY	5.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO	5.4 CITY-ST-ZIP			
TITLE	VS	6.1 TITLE		☐ Change	☐ Addition
NAME	BRETT, STEPHEN M	6.2 NAME			
STREET ADDRESS	5619 DTC PARKWAY	6.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO	6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nolan D. Gookin NOLAN GOOKIN-ASST. VP 4/27/95 (303)267-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382003 CP