FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90152 006 ***150.00

DOCUMENT # H10323

TCID OF FLORIDA, INC.

								DIDIL ALL	AU 1000 (100)	
Principal Plac	e of Business	Mailing Address								
5619 DTC PARI	KWAY	P.O. BOX 5630								
TAX DEPT. ENGLEWOOD CO 80111		TAX DEPT. DENVER CO 80217				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed				
					06/29/1984					
Principal Place of Business Admilling			dress			4. FEI Number	Appl ed For		ed For	
21		26				84-0977942	Not Applicable			
Suite, Apt.	Suite, Apt. #, etc.	pt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
27										
City & Stat	te	City & State				6. Election Campaign Financing		OUU N		
23	Country	Zip Country			 -	Trust Fund Contribution			rees	
Zip				Country		8. This co-poration owes the current year intangible Personal Property Tax. Yes 4No				
24	9. Name and Address of Currer	29 Agent	30			10. Name and Address of New Registere				
-	o. Name and Address of Curren	it (teglisteres Ageint	8	1	Name	•	. 			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS ST.				_	(DO By Marie is Market and Inc.)					
				2	Street Add	ress (P.O. Box Number is Not Acceptable)				
STE. 105			8	3						
TALL	LAHASSEE FL 32301			_	 .			7:- 0		
			8	4	City	F	85	Zip C	cae	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	es, the abo	ve-	-named co	poration submit; this statement for the purpose	of changi	ng its r	egistered	
office on	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	uthorized b	ov ti	he corporati	ion's board of directors. I hereby accept the app	pintment	as reg	stered	
	an lamaa wul, and be soft the beinge	Alchia di, Cookon dor 1900, 7 k	da Oldidi.							
SIGNATUR E Signature, typed or printed name of registered agent, and title if applicable (NOTE, R				ent :	signature require	ed when reinstating) DATE				
12.	STREETS ATE SITES OF THE		13.			ADDITIC NS/CHANGES TO OFFICERS				
TITLE	AVP	☐ DELETE	1.1 TITLE	•			□ Ch	ange	Addition	
NAME	GOOKIN, NOLAN		1.2 NAME	1.2 NAME						
STREET ADDRESS			1.3 STREET ADDRE		ADDRESS					
CITY-ST-ZIP	ENGLEWOOD CO	W 05,575	1.4 CITY	-					X Addition	
TITLE	PD	X) DELETE	2.1 TITLE	•		P/D	□ Ch	ange	Γ X ι Μοσιασει	
NAME	BARBERINI, THOMAS R		2.2 NAME			BARTOLOTTA, CHARLES			Ì	
STREET ADDRESS 5619 DTC PARKWAY			2.3 STREET ADDRESS		ADDRESS	5619 DTC PARKWAY				
CITY-ST-ZIP	ENGLEWOOD CO		2 4 CITY-		1-ZIP	ENGLEWOOD, CO 80111	□ Ch		[X] Addition	
TITLE	AV	X) DELETE	3.1 TITLE		1	T		ange	M Vocinou	
NAME	BLAYLOCK, GARY		3.2 NAM		1	KNOWLES, PETER			I	
STREET ADDRESS	5619 DTC PARKWAY		3.3 STRE	ETA	ADDRESS	5619 DTC PARKWAY				
CITY-ST-ZIP	ENGLEWOOD CO		3.4. CITY	-ST		ENGLEWOOD, CO 80111				
TITLE	VT	☐ DELETE	4.1 TITLE	=		V/AT	[X]Ch	iange	Addition	
NAME	SCHOTTERS, II B W.		4. 2 NAME							
STREET ADDRESS	5619 DTC PARKWAY		4.3 STREET		ADDRESS					
CITY-ST-ZIP	ENGLEWOOD CO		4 4 CiTY	-ST-	-ZIP				- 	
TITLE	VS	☐ DELETE	5.1 TITLE			V/AS	X∏ CH	lange	☐ Addition	
NAME	BRETT, STEPHEN M		5.2 NAMI							
STREET ADDRESS	1 = 1 = - = - = - = - = - = - = - = - =		5.3 STRE	5.3 STREET ADDRESS					!	
CITY-ST-ZIP	ENGLEWOOD CO_		5.4 CITY		-ZIP					
TITLE	D	IXI DELETE		5.1 TITLE		D	□ Ch	ange	Addition	
NAME			6.2 NAM	6.2 NAME		FITZGERALD, WILLIAM R.				
STREET ADDRESS			63 STRE	6.3 STREET ADDRESS		5619 DTC PARKWAY				

ENGLEWOOD CO 80111

14. Thereby 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 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, with all other like empowered.

COOKIE

SIGNATURE: Mul J. Such As SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE & OR DIRECTOR

Assistant Vice President 4/21/98

CR2E034 (11/98)