2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007
Secretary of State

DOCUMENT# J15947

Entity Name: REESE, MACON AND ASSOCIATES, INC.

Current Principal Place of Business:

630 PLAZA DRIVE
SUITE 200
HIGHLANDS RANCH, CO 80129 US

New Principal Place of Business:

Current Mailing Address:

630 PLAZA DRIVE, SUITE 200
ATTN: LEGAL DEPARTMENT
HIGHLANDS RANCH, CO 80129 US

New Mailing Address:

FEI Number: 59-2677754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: BLAKE, STEVEN B
Address: 630 PLAZA DRIVE, SUITE 200
City-St-Zip: HIGHLANDS RANCH, CO 80129 US

Title: S ( ) Delete
Name: NIPARKO, STEVEN J
Address: 630 PLAZA DRIVE, SUITE 200
City-St-Zip: HIGHLANDS RANCH, CO 80129 US

Title: T ( ) Delete
Name: CHOUINARD, JOHN J
Address: 630 PLAZA DRIVE, SUITE 200
City-St-Zip: HIGHLANDS RANCH, CO 80129 US

Title: VP ( ) Delete
Name: REESE, BILL
Address: 6415 LAKE WORTH ROAD #307
City-St-Zip: LAKE WORTH, FL 33463 US

Title: VP ( ) Delete
Name: MACON, JIM
Address: 6415 LAKE WORTH ROAD #307
City-St-Zip: LAKE WORTH, FL 33463 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE NIPARKO S 06/05/2007

Electronic Signature of Signing Officer or Director Date