## 2002 UNIFORM BUSINESS REPORT (UBR)

## **Secretary of State** DOCUMENT # M01000002298 05-22-2002 90255 014 \*\*\*\*50.00 1. Entity Name SANBORN COLORADO LLC Principal Place of Business Mailing Address 1935 JAMBOREE DR., STE, 100 1935 JAMBOREE DR., STE, 100 COLORADO SPRINGS CO BORZO COLORADO SPRINGS CO 80920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3980333 Not Applicable Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE (NOTE: Registered Agent algorithms required when reinstation) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE PLESIDENT & CEO - MGR ☐ Delete TITLE ☐ Change NAME PANKAT DESAT NAME STREET ADDRESS LA FIFTH AVENUE STREET ACCRESS CITY-ST-ZIP PELHAM, NY 10803 CITY-ST-ZIP CFO -MGR. TITLE Delete TITLE ☐ Change ☐ Addition NAME JAMES BLEECKER NAME 629 FIFTH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP PELHAM, NY 10803 CITY-ST-ZIP TITLE SR. VICE PERSIDENT - MGR Doleto ☐ Change Addition NAME. ERIC-DES ROCHE. NAME 1935 JAMBOREE DE SUITE/OD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLORADO SPRINOS CO 80920 CITY-St-ZIE TITLE ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MALLE NAME STREET ADDRESS STREET ADDRESS

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

CR2E083 (9/01)

FILED Jun 25, 2002 8:00 am