2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State
07-13-2004 90056 030 ****50.00

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03222003 Chg-LLC CR2E063 (10/03)

DOCUMENT # M02000002431

1. Entity Name
CGI SALES, LLC

Principal Place of Business	Mailing Address
8008 E. ARAPAHOE COURT, STE. 200 CENTENNIAL, CO 80112	8008 E. ARAPAHOE COURT, STE. 200 CENTENNIAL, CO 80112

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 48-1279050 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITLEY, GERALD
1100 BLAZE STREET
CELEBRATION, FL 34747

7. Name and Address of New Registered Agent

Name CORPDIRECT AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN STREET, LOWER LEVEL
City TALLAHASSEE FL Zip Code 32301

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 Ec B [signature], Asst Secretary 6/4/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, THOMAS 8008 E. ARAPAHOE COURT, STE. 200 CENTENNIAL, CO 80112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, MICHELLA G 8008 E. ARAPAHOE COURT, STE. 200 CENTENNIAL, CO 80112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: Michella Clark 6/8/04 303-220-5080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #