

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000005599

1. Entity Name
QUALITY TERMINAL SERVICES, LLC



Principal Place of Business
**252 CLAYTON STREET, 4TH FLOOR
DENVER, CO 80206**

Mailing Address
**252 CLAYTON STREET, 4TH FLOOR
DENVER, CO 80206**



04242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
84-1355720

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------------|
| TITLE | MGR |
| NAME | OGBORN, MICHAEL J |
| STREET ADDRESS | 50 SO. STEELE STREET, SUITE 250 |
| CITY-ST-ZIP | DENVER, CO 80206 |
| TITLE | MGR |
| NAME | JOHNSON, DWIGHT N |
| STREET ADDRESS | 252 CLAYTON STREET, 4TH FLR |
| CITY-ST-ZIP | DENVER, CO 80206 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/13/06-80049-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Michael J. Ogborn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MICHAEL J. OGBORN

4/26/06 (303) 398-4506

Date

Daytime Phone if