## FILE NOW: Fee after May 1, will be \$588.75

|  |  |   |   |  |  | -  |  |  |  |
|--|--|---|---|--|--|--|--|--|--|
|  | LIABILITY COMPANY  |   |   | RIDA DEPARTMENT<br>Sandra B. Mort                          |  | Fil  | ED   |  |  |
| ANNUAL REPORT 1997   |  |   | Secretary of DIVISION OF COR                                      |  | tate   | 97 JUN -2 AM 7:00  |  |  |  |
| FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Malling Address DOCLIMENT #50400000013   |  |   |   |  |  |  | SECRITARY OF STATE<br>TALLAHASSEE, FLORIDA                 |  |  |
| of Limited Liability Company  DOCUMENT #M9400000013  |  |   |   |  |  |  |  |  |  |
| FLATIRON STRUCTURES COMPANY LLC L.C.<br>10090 I-25 FRONTAGE ROAD<br>LONGMONT CO 80504  |  |   |   |  |  | 1a. Principal Place of Business Address  10090 I-25 FRONTAGE ROAD  LONGMONT CO 80504 |  |  |  |
| tf above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.  2. Principal Place of Business  2. Addiling Address  3. Date Organized or Qualified  3a. State of Formation  |  |   |   |  |  |  |  |  |  |
| & Fillingson   | Figure of Dushings   | III ly rivorese                                       |   |  |  | 03/07/1994 CO  |  |  |  |
| Sulte, Apt. #, etc.  |  |   | Suite, Apt. #, etc.   |  |  | 4. FEI Number Applied For  |  |  |  |
| City & State   |  | City & S  | City & State  |  |  | 1 104500   |  |  |  |
| Ony a cours  |  | J., J.  |   |  |  | 84-124500<br>5. Date of Last R   |  | Not Applicable  6. Certificate of Status Desired   |  |
| Zip  | Country  | Zip   |   | Country  |  |  |  | SB 75 Additional fee Required  |  |
|  | 7 Name and Address of Curre  | t Penistere   | - Acant   | <del></del>  |  | 04/05/199  |  |  |  |
| 7. Name and Address of Current Registered Agent Name   |  |   |   |  | Name   | 8. Name and Address of New Registered Agent  |  |  |  |
| PLANTA   | OUTH PINE ISLAND TION FL 33324   | O Florida Statutos                                    |   | Street Address ( Suite, Apt. #, etc City                   | *****\$88.75 *****\$88.75<br>Zip Code<br><b>FL</b>           |  |  |  |  |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  DATE |  |   |   |  |  |  |  |  |  |
| SIGNATURE (Registered Agent Accepting Appointment)   |  |   | <del></del>   | NOTE: Registered Agent signature required when reinstaling |  |  |  |  |  |
| 10. Title  | . Title Managing Members/Managers  |   | Business Street Address   |  |  |  | City   | State and Zip Code   |  |
| - {  | HOFFMAN, NORBERT C/O 6000 FRA  |   |   |  |  |  |  | •  |  |
|  | GENNIES, REINHARDT ¢/O 6000 FRANKFU FLEISCHMANN, ROBERT ¢/O 6000 FRANKFU   |   |   |  |  |  |  | •  |  |
|  |  |   |   |  |  |  | KANKEU   | KT, GERMANI  |  |
| AGR L  | YNN, SCOTT S   |   | 10090 1-  | ·25 I  | FRONTAGE   | ROAD I   | 'ONGWON  |  |  |
| ,  |  |   |   |  |  |  | Ć  | A6-3-97  |  |
| limited liabilit   | by certify that the information supplied<br>this annual report is true and accura<br>ty company or the receiver or trustee<br>with an address. | d with this filing<br>ite and that my<br>empowered to | does not qualify for to signature shell have o execute this repor | the exerve the second                                      | mption stated in S<br>ame legal effect a<br>uired by Chapter | ection 119.07(3) (i), F<br>s if made under oath<br>608, Florida Statutes             | Florida Statutes.<br>; that I am a mai<br>s; and that my n | I further certify that the information naging member or manager of the ame appears in Block 10, or on an |  |

INTERNATION OF

SIGNATURE:

IGNATURE AND TYPED AT HINTED NAME OF SIGNING MANAGING MEMBER OR MANAGE

Daytime Phone