2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Principal Place of Business 200 FILMORE STE 200 DENIER OR 20206 2. Principal Place of Business 3. Mailing Address 2. Principal Place of Business 3. Mailing Address 4. FEI Number 4. FEI Number 4. FEI Number 84-1425104 Applied For Not Applied 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 6. The above named entity automs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to printed more of registered agent and that Fact acts. OCTE Registered Agent agents required registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to printed more of registered agent and that Fact acts. OCTE Registered Agent agents required registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to printed more of registered agent and that Fact acts. OCTE Registered Agent agents required registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to printed more of registered agent and that Fact acts. OCTE Registered Agent agents required agent and that Fact acts. OCTE Registered Agent agents required agent and that Fact acts. OCTE Registered Agent agents required agent and that Fact acts. OCTE Registered Agent agents required agent and that Fact acts. OCTE Registered Agent agents required agent and that Fact acts. OCTE Registered Agent agents required agent and that Fact acts. OCTE Registered Agent agents required agent and that Fact acts. OCTE Registered Agent agents required agent and that Fact acts. OCTE Registered Agent agents required agent and that Fact acts. OCTE Registered Agent agents required agent and that Fact acts	1. Entity Nam	ne .	00000907				FILED			
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 6. 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 Syntham, typed or prince name of registered signet and life 4 aspicable. NOTE Registered Agent signature register when renationing) ARE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State NAME SIREST ADDRESS OTH-51-2P DENVER CO Delvie TILE MAGR MGR Delvie NAME STREET ADDRESS OTH-51-2P MCCORMACK, JOSEPH J ZIP Code NATE TILE MGR Delvie NAME STREET ADDRESS OTH-51-2P TILE MGR MCCORMACK, JOSEPH J ZIP Code Addit NAME STREET ADDRESS OTH-51-2P TILE MAGR MCCORMACK, JOSEPH J ZIP Change Addit NAME STREET ADDRESS OTH-51-2P TILE MAGE STREET ADDRESS OTH-51-	City & Stat	Ө	City & State	City & State						
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