FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:23

DOCUMENT # **N51170** **(1)**

1. Corporation Name
STRATOGENESIS, INC.

Principal Place of Business	Mailing Address
300 ARTHUR GODFREY RD 2ND FLOOR MIAMI BEACH FL 33139	3281 E. GUASTI ROAD 700 ONTARIO CA 91761 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1992
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0413213 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 1121 ALDERMAN DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 ALPHARETTA GA
Zip 24 / Country 25	Zip 29 30202 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT, COO P/D	☒ Change ☒ Addition
NAME	WILLCUTTS, DAVID	12 NAME	PATRICK J. FORTUNE	
STREET ADDRESS	3281 E. GUASTI ROAD, 700	13 STREET ADDRESS	1125 17TH STREET STE 1500	
CITY-ST-ZIP	ONTARIO CA	14 CITY-ST-ZIP	DENVER CO 80202	
TITLE	D	21 TITLE	SECRETARY, CFO S/D	☒ Change ☒ Addition
NAME	GARLAND, DAVID	22 NAME	SAM R. LENO	
STREET ADDRESS	3281 E. GUASTI ROAD, 700	23 STREET ADDRESS	1125 17TH STREET STE 1500	
CITY-ST-ZIP	ONTARIO CA	24 CITY-ST-ZIP	DENVER, CO 80202	
TITLE	D	31 TITLE	VP TREASURER V/T	☒ Change ☒ Addition
NAME	HIGGINS, KEVIN	32 NAME	RICHARD SMITH	
STREET ADDRESS	3281 E. GUASTI ROAD, 700	33 STREET ADDRESS	1125 17TH STREET STE 1500	
CITY-ST-ZIP	ONTARION CA	34 CITY-ST-ZIP	DENVER, CO 80202	
TITLE		41 TITLE	CEO C/D	☒ Change ☒ Addition
NAME		42 NAME	JAMES M. SWEENEY	
STREET ADDRESS		43 STREET ADDRESS	1125 17TH STREET STE 1500	
CITY-ST-ZIP		44 CITY-ST-ZIP	DENVER CO 80202	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REWRITTEN BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. RICHARD M. SMITH

SIGNATURE: Richard M. Smith VICE PRESIDENT, TREASURY & TAX 4/26/95 303 292 4979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074023