

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0655988 AT

DOCUMENT # P04299

1. Entity Name  
FOX CAPITAL MANAGEMENT CORPORATION



FILED

03 JUN 11 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2000 S COLO BLVD  
SUITE 2-1000  
DENVER CO 80222  
US

Mailing Address  
2000 S COLO BLVD  
SUITE 2-1000  
DENVER CO 80222  
US

2. Principal Place of Business  
4582 S. ULSTER ST. PKWY.  
Suite, Apt. #, etc.  
SUITE 1100  
City & State  
DENVER

3. Mailing Address  
4582 S. ULSTER ST. PKWY.  
Suite, Apt. #, etc.  
SUITE 1100  
City & State  
DENVER

Zip 80237 Country US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 94-1560184 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
THE PRENTICE HALL CORP SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KOMPANIEZ, PETER K<br>2000 S COLO BLVD TWR TWO #2-1000<br>DENVER CO 80222  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVP<br>BONDER, JOEL F<br>2000 S COLO BLVD TWR TWO #2-1000<br>DENVER CO 80222     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVT<br>HEATH, PATRICIA K<br>2000 S COLO BLVD TWR TWO #2-100<br>DENVER CO 80222   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVP<br>FOYE, PATRICK J<br>2000 S COLO BLVD TWR TWO #2-1000<br>DENVER CO 80222    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>ASARCH, CHAD<br>2000 S COLORADO BLVD., TOWER 2, #2-1000<br>DENVER CO 80222 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 4582 S. ULSTER ST. PKWY.<br>SUITE 1100<br>DENVER, CO 80237                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVPS<br>Miles Cortez<br>4582 S. ULSTER ST. PKWY.<br>SUITE 1100<br>DENVER, CO 80237 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 4582 S. ULSTER ST. PKWY.<br>SUITE 1100<br>DENVER, CO 80237                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 4582 S. ULSTER ST. PKWY.<br>SUITE 1100<br>DENVER, CO 80237                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 4582 S. ULSTER ST. PKWY.<br>SUITE 1100<br>DENVER, CO 80237                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD ASARCH, ASST SECRETARY 6/4/03 303-757-8101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)