**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

PROFIT CORPORATION ANNUAL REPORT

**1998**

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

FILED
Jan 26 1998 8:00am
Secretary of State

DOCUMENT # P05178 (9)

1. Corporation Name
HARBOURTON REASSURANCE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2530 S PARKER RD<br>SUITE 500<br>AURORA CO 80014<br>US | 2530 S PARKER RD<br>SUITE 500<br>AURORA CO 80014<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1985

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3025 S. PARKER RD. | 26 3025 S. PARKER ROAD |
| Suite, Apt #, etc.<br>22 SUITE #109 | Suite, Apt. #, etc.<br>27 SUITE #109 |
| City & State<br>23 AURORA CO | City & State<br>28 AURORA CO |
| Zip / Country<br>24 80014 / 25 ARAPAHOE | Zip / Country<br>29 80014 / 30 ARAPAHOE |

4. FEI Number: 23-2038295 ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SCHMIT, HERMAN H.<br>2530 SOUTH PARKER RD. SUITE 500<br>AURORA CO | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>3025 S. PARKER RD., STE #109<br>AURORA CO 80014 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO<br>WINOKUR, ANDREW S<br>2530 SOUTH PARKER RD. SUITE 500<br>AURORA CO | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>3025 S. PARKER RD., STE # 109<br>AURORA CO 80014 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>BRENT DUPES<br>2530 SOUTH PARKER RD SUITE 500<br>AURORA CO | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>3025 S. PARKER RD., STE #109<br>AURORA CO 80014 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TV<br>THOMAS A BARRETT<br>2530 SOUTH PARKER RD. SUITE 500<br>AURORA CO | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>TV<br>BONNIE C. WYLDE<br>3025 S. PARKER RD., STE #109<br>AURORA CO 80014 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MILLS, DAVID W.<br>2530 SOUTH PARKER RD. SUITE 500<br>AURORA CO | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>3025 S. PARKER RD., STE #109<br>AURORA CO 80014 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CAREY, JAMES J.<br>2530 SOUTH PARKER RD SUITE 500<br>AURORA CO | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>3025 S. PARKER RD.,STE #109<br>AURORA CO 80014 | |

CR2E034 (10/97)

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonnie C. Wylde BONNIE C. WYLDE 01/13/98 (303) 695-7801