

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P05221

(7)

1. Corporation Name

THE SYGMA NETWORK, INC.

Principal Place of Business

7125 W JEFFERSON AVENUE  
SUITE 400  
LAKEWOOD CO 80235  
US

Mailing Address

7125 W JEFFERSON AVENUE  
SUITE 400  
LAKEWOOD CO 80235-2306  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/06/1985

3a. Date of Last Report

05/01/1996

4. FEI Number

74-2304809

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

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

Signature: typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, GREGORY K.	
STREET ADDRESS	7125 W JEFFERSON AVENUE	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RIKER, LA DEE G.	
STREET ADDRESS	1390 ENCLAVE PARKWAY	
CITY-ST-ZIP	HOUSTON TX	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DAMICO, SHERYL L.	
STREET ADDRESS	7125 W. JEFFERSON AVENUE	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EGGBRECHT, JERRY.	
STREET ADDRESS	7125 W. JEFFERSON AVENUE	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	KURZ, THOMAS P	
STREET ADDRESS	1390 ENCLAVE PARKWAY	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BROOKS, CONNIE S	
STREET ADDRESS	1390 ENCLAVE PARKWAY	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V Kurz, Thomas P.
2.3 STREET ADDRESS	1390 Enclave Parkway
2.4 CITY-ST-ZIP	Houston TX 77077
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AS Burke, Kent R.
5.3 STREET ADDRESS	1390 Enclave Parkway
5.4 CITY-ST-ZIP	Houston, TX 77077
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Sheryl L. Damico*

Sheryl L. Damico Sec/Treas.

04/23/97

(303)980-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)