

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90129 006 ***150.00

DOCUMENT # P09147

1. Entity Name

AIRCOA HOSPITALITY SERVICES, INC.

Principal Place of Business

5775 DTC BLVD
SUITE 300
ENGLEWOOD CO 80111

Mailing Address

5775 DTC BLVD
SUITE 300
ENGLEWOOD CO 80111

2. Principal Place of Business

5775 DTC Boulevard
Suite, Apt. #, etc.
Suite 315

3. Mailing Address

5775 DTC Boulevard
Suite, Apt. #, etc.
Suite 315

City & State

Greenwood Village, CO

City & State

Greenwood Village, CO

Zip

80111

Country

USA

Zip

80111

Country

USA

4. FEI Number

34-1030384

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GORDON, STEVESON 5775 DTC BLVD SUITE 300 ENGLEWOOD CO 80111 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD SHEH, MICHAEL 5775 DTC BLVD - STE 300 ENGLEWOOD CO 80111 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BOLL, LYLE L 5775 DTC BLVD - STE 300 ENGLEWOOD CO 80111 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LAMBERT, JOHN A 5775 DTC BLVD - STE 300 ENGLEWOOD CO 80111 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GRIFFIN, ROBERTA L 5775 DTC BLVD - STE 300 ENGLEWOOD CO 80111 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HANCOCK, DAVID A VICTORIA HOUSE VICTORIA ROAD HARLEY EN RHG- 7AF | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Morse, Robert J. 1525 Wilson Boulevard, Suite 650 Arlington, VA 22209 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Kolar, David M 5775 DTC Boulevard, Suite 315 Greenwood Village, CO 80111 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/S Boll, Lyle L 5775 DTC Boulevard, Suite 315 Greenwood Village, CO 80111 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/H Griffin, Roberta L 1525 Wilson Boulevard, Suite 650 Arlington, VA 22209 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lyle L. Boll, Sr. VP/Secretary 24 April 2001

Date

Daytime Phone #

303-220-2200

CR2E034 (10/00)