FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

	y	y	t

DOCU 1. Corporatio	MENT # P0976	61 (8)	·			
TC! T	KR OF KENTUCKY, INC.				E MANGETAR INCOMPLEA AND IN CONTRACTOR IN	(CB) 1181 B1811 B1812 B1821 B1811 B1814 B1811 1881
Principal Place	e of Business	Mailing Address				
5619 DTC I	PARKWAY	P.O. BOX 5630				
TAX DEPT. ENGLEWOOD CO 80111		TAX DEPT. DENVER CO 80217				
US	20 00 WIII	US			3. Date Incorporated or Qualified	****
2. Principal P	lace of Business	2a. Mailing Address			04/15/1986 4. FEI Number	05/01/1995 Applied For
21		26			59-2638408	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & Stat	δ	City & State		6 Floring Open in Francisco	ree Hequired	
23	O	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zγp	Country	Zip	Cour	itry	8. This corporation has liability fo	·····
24	25	29	30]			s 🗌 No
	g, Name and Address of Currer	it Hegistered Agent		B1 Nam	10. Name and Address of New	Registered Agent
THE D	DENTICE HALL CODDODATION O	VSTEM INC		. , , , ,		
	THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105		ľ	82 Stree	et Address (P.O. Box Number is Not Accepta	ible)
TALLAHASSEE FL 32301		-	B3			
			-	B4 City		85 Zip Code
11 Purcuant	to the provisions of Sections 6:07 0600	and 607 1508 Elerida Statut	on the above	n named	corporation submits this statement for the p	FL
or registe	red agent or both, in the State of Flori ith, and accept the obligations of, Sect	da. Such change was authoriz	ed by the co	orporation	corporation solonits this statement for the probability board of directors. I hereby accept the ap	pointment as registered agent. I am
SIGNATURE	ith, and accept the congations of, acct	ion 607,0000, rionda Statutes	,			
	Signature, typed or printed name of registered agent	**		lgent signatur	re required when reinstating)	DATE
12. TITLE	OFFICERS AN	D DIRECTORS	13. 1.1 Til		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 X Change
NAME	MARSHALL, BARRY P	Постен	1.2 NA		"	Manage [] Addition
STREET ADDRESS	5619 DTC PARKWAY			EET ADORES	s	
CITY-ST-ZIP	ENGLEWOOD CO		•	Y - ST- ZIP		
TITLE	ASVP	☐ DELETE	2. 1 TIT	LE	VP/S/D	X) Change Addition
NAME	STEPHEN M. BRETT		2.2 NAI	ME		
STREET ADDRESS	5619 DTC PARKWAY		1	EET ADDRES	s	
CITY-S1-ZIP TITLE	ENGLEWOOD CO VS	[X] DELETE	2.4 C(T	Y - ST - ZIP	VP	Change Addition
NAME	DAVIS, TERREL E	Of Deleve	3.1 NA		GARY S. HOWARD	Change 🖍 Addition
STREET ADDRESS	5619 DTC PARKWAY			reet addres	5000 000	
CITY - ST - ZIP	ENGLEWOOD CO		3.4 CIT	Y-\$1-Z(P	ENGLEWOOD, CO 80111	
TITLE	VD	☐ DELETE	4. 1 7 1	LE	VP	(X) Change
NAME	BRACKEN, GARY K		4.2 NA			
STREET ADDRESS	5619 DTC PARKWAY			REET ADDRESS	s	
CITY-ST-ZIP TITLE	ENGLEWOOD CO	DELETI	4.4 CIT	Y-ST-ZIP		Change Addition
NAME	SCHOTTERS, II B W.		5.2 NA			Ti change El vanitals
STREET ADDRESS	5619 DTC PARKWAY		4	eet adores:	s	
CITY-ST-ZIP	ENGLEWOOD CO			Y - ST - ZIP		
TITLE	ASV	DELETE	6. 1 111	l E	AVP	Change 🗶 Addition
NAME	GOOKIN, NOLAN		6.2 NA	M E	GREG HALSEY	
STREET ADDRESS	5619 DTC PARKWAY			EET ADDRES	******	
CITY-S1-ZIP	ENGLEWOOD CO		6.4 CIT	Y - ST - ZIP	ENGLEWOOD, CO. 80111	

14. 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)(k). 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 en powered 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.

4/25/96

(303) 267-5500

Daytime Prione #

CR2E034 (12/95)