

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90285 016 ***150.00

DOCUMENT # *P11190*
1. Entity Name International Banking Technologies, Inc

Principal Place of Business
 6200 SOUTH QUEBEC STREET.

Mailing Address

2. Principal Place of Business
 6200 S. Quebec St.,

3. Mailing Address
 6200 S. Quebec St.,

Suite, Apt. #, etc.
 Suite 210AS

Suite, Apt. #, etc.
 Suite 210AS

City & State
 Greenwood Village CO

City & State
 Greenwood Village CO

4. FEI Number
 58-1626046

Applied For
 Not Applicable

Zip
 80111-4729

Country

Zip
 80111-4729

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

552885

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS!
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	Fote, Charles T.	6200 S. Quebec Str	Englewood Co 80111	<input type="checkbox"/>
D	Whealy, Michael T.	5660 New Northside Dr St 1400	Atlanta GA 30328	<input type="checkbox"/>
AS	Andersen, Stanley j.	11718 Nicholas Str	Omaha NE 68154	<input type="checkbox"/>
AT	Dembowski, Jerry P.	6200 S. Quebec Str	Englewood Co 80111	<input type="checkbox"/>
SVP	Akin, Charles M.	1770 Indian Trail Road	Norcross GA 30093	<input type="checkbox"/>
AT	Massaway, Jim	6200 S. Quebec Str	Englewood Co 80111	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ASST. TREASURER 4/24/01 303-967-7147

Date

Daytime Phone #