FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P11655 (8)

1. Corporation Name
COHIG & ASSOCIATES, INC.

Principal Place of Business
6300 S. SYRACUSE WAY
SUITE 430
ENGLEWOOD CO 80111

Mailing Address
6300 S. SYRACUSE WAY
SUITE 430
ENGLEWOOD CO 80111

3. Date Incorporated or Qualified: 10/02/1986
3a. Date of Last Report: 10/13/1995
4. FEI Number: 84-0980477 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
ELLIOTT, SCOTT
4907 TROYDALE RD.
TAMPA FL 33615

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

TITLE	C	☐ DELETE
NAME	HINKLE, STEVEN R	
STREET ADDRESS	6300 S. SYRACUSE WY.. #430	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	P	☐ DELETE
NAME	LARKIN, EDWARD C	
STREET ADDRESS	6300 S. SYRACUSE WY. #430	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	C	☐ DELETE
NAME	LOWE, TERRI E	
STREET ADDRESS	6300 S. SYRACUSE WY. #430	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	VD	☐ DELETE
NAME	WOOTTEN, RIKE D	
STREET ADDRESS	3700 E. ALAMEDA AVE. #500	
CITY-ST-ZIP	DENVER CO 80111	
TITLE	VD	☒ DELETE
NAME	HOSCH, JAMES E	
STREET ADDRESS	6300 S. SYRACUSE WY. #430	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	VD	☐ DELETE
NAME	DRENNE, DAVID H	
STREET ADDRESS	6300 S. SYRACUSE WY. #430	
CITY-ST-ZIP	ENGLEWOOD CO 80111	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Vice President & Director	☐ Change ☒ Addition
5.2 NAME	Ralph O. Olson	
5.3 STREET ADDRESS	6300 S. Syracuse Way #430	
5.4 CITY-ST-ZIP	Englewoood, CO 80111	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I 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 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: Edward C. Larkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward C. Larkin - President

January 25, 1996
Date

303-694-0295
Daytime Phone #