


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

FILED

Apr 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P11655** (8)  
1. Corporation Name  
**COHIG & ASSOCIATES, INC.**

Principal Place of Business <b>6300 S. SYRACUSE WAY SUITE 400 ENGLEWOOD CO 80111 US</b>	Mailing Address <b>6300 S. SYRACUSE WAY SUITE 400 ENGLEWOOD CO 80111 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>N/A</u> Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 <u>N/A</u> Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified <b>10/02/1986</b>		4. FEI Number <b>84-0980477</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>NORTON, GREG 1200 N FEDERAL HWY #301 BOCA RATON FL 33432</b>				10. Name and Address of New Registered Agent 81 Name <u>N/A</u> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	<b>C HINKLE, STEVEN R 6300 S. SYRACUSE WY. #430 ENGLEWOOD CO 80111</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CEO &amp; PRESIDENT HINKLE, STEVEN SUITE 400</b>
<input checked="" type="checkbox"/> DELETE	<b>P LARKIN, EDWARD C 6300 S. SYRACUSE WY. #430 ENGLEWOOD CO 80111</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>SECRETARY BOAN, RUSSELL K. 6300 S. SYRACUSE WY. #400 ENGLEWOOD, CO 80111</b>
<input type="checkbox"/> DELETE	<b>C LOWE, TERRI E 6300 S. SYRACUSE WY. #430 ENGLEWOOD CO 80111</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VICE PRESIDENT LEWELLING, ELLEN A 6300 S. SYRACUSE WY. #400 ENGLEWOOD, CO 80111</b>
<input checked="" type="checkbox"/> DELETE	<b>VD WOOTTEN, RIKE D 3700 E. ALAMEDA AVE. #500 DENVER CO 80111</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>VPD LAVIGNE, DAVID 6300 S SYRACUSE WAY #400 ENGLEWOOD CO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	<b>VD GOLZ, HAROLD 6300 S SYRACUSE WAY #400 ENGLEWOOD CO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 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:

*[Signature]* 1. ELLEN A. LEWELLING 4/1/98 (303) 614-0295

CR2E034 (10/97)