

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P14437

1. Entity Name
TSA STORES, INC.



Principal Place of Business
1050 W. HAMPDEN AVE
ENGLEWOOD, CO 80110

Mailing Address
1050 W. HAMPDEN AVE
ATTN: TAX DEPT
ENGLEWOOD, CO 80110



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3511120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DOUGLAS MORTON, JOHN 1050 W HAMPDEN AVE ENGLEWOOD, CO 80110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HENDRICKSON, THOMAS 1050 W HAMPDEN AVE ENGLEWOOD, CO 80110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HASSANEIN, NESA E 1050 W HAMPDEN AVE ENGLEWOOD, CO 80110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPISI, DAVID 1050 W. HAMPDEN AVE ENGLEWOOD, CO 80110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSC WATERS, GREG 1050 W HAMPDEN AVE ENGLEWOOD, CO 80110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP WILDENBERG, THOMAS 1050 W HAMPDEN AVE ENGLEWOOD, CO 80110

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03/21/07-80038-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

Thomas Wildenberg SR.VP/Finance 7204752815

Date

Daytime Phone #