

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 21 AM 11:34

**DOCUMENT # P20451 (1)**  
1. Corporation Name  
**DSI COLORADO, INCORPORATED**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>250 S. CLINTON ST. STE. 201 SYRACUSE NY 13202 US</b>		Mailing Address <b>250 S. CLINTON ST. STE. 201 SYRACUSE NY 13202 US</b>		3. Date Incorporated or Qualified <b>08/10/1988</b>	3a. Date of Last Report <b>06/07/1994</b>
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>84-0637539</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
23. Zip	28. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				85. Zip Code	<b>FL</b>

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 fee if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNN, STEPHEN P.</b>	1.2 NAME	
STREET ADDRESS	<b>250 S. CLINTON ST., STE. 201</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SYRACUSE NY</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALTMAYER, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>250 S. CLINTON ST., STE. 201</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SYRACUSE NY</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, DENNIS J.</b>	3.2 NAME	
STREET ADDRESS	<b>250 S. CLINTON ST., STE. 201</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SYRACUSE NY</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SELBACH, SCOTT C.</b>	4.2 NAME	
STREET ADDRESS	<b>250 S. CLINTON ST., STE. 201</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SYRACUSE NY</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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: *[Signature]* **Scott C. Selbach** Feb. 2, 1995 315477 9104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number