

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 # P21508 (7)

1. Corporation Name

UNITED ARTISTS CIRCUIT FINANCING CORPORATION



Principal Place of Business

Mailing Address

9110 E. NICHOLS AVE.
SUITE 200
ENGLEWOOD CO 80112
US

9110 E. NICHOLS AVE.
FIRST FLOOR
ENGLEWOOD CO 80112

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/27/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

84-1115216

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title of corporation

(NOTE: Registered Agent Signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME PD
WARZEL, PETER
STREET ADDRESS 9110 E. NICHOLS AVE.
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME V
CLEVELAND, HAL
STREET ADDRESS 9110 E. NICHOLS AVE.
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME VS
HARDY, RALPH E.
STREET ADDRESS 9110 E. NICHOLS AVE.
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME TVD
HALL, KURT C
STREET ADDRESS 9110 E. NICHOLS AVE.
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME CD
BLAIR, STEWART D.
STREET ADDRESS 9110 E. NICHOLS AVE.
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME V
KOETS, STEVEN J.
STREET ADDRESS 9110 E. NICHOLS AVE.
CITY-ST-ZIP ENGLEWOOD CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition

1.2 NAME Trent J. Carman
1.3 STREET ADDRESS 9110 E. Nichols Ave.
1.4 CITY-ST-ZIP Englewood, CO 80112

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 V/D ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE C/D/P ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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: Steven J. Koets
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96

303-792-3600

Date

Daytime Phone #

CR2E034 (12/95)