

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P22189

1. Entity Name
GEA INTEGRATED COOLING TECHNOLOGIES, INC.



Principal Place of Business
**143 UNION BOULEVARD
STE 400
LAKEWOOD, CO 80228 US**

Mailing Address
**143 UNION BOULEVARD
STE 400
LAKEWOOD, CO 80228 US**



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0268494

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2004 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
**VP
HEBERT, RICHARD
143 UNION BLVD #400
LAKEWOOD, CO 80228**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MILLER, PETER
143 UNION BLVD. SUITE 4000
LAKEWOOD, CO 80228**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
WERGES, CYNTHIA J
143 UNION BLVD #400
LAKEWOOD, CO 80228**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SILBERMANN, GEORGE
DORSTENER STRASSE 484
BOCHUM GERMANY, GR D-4488**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SCHILDMMANN, ROLF
DORSTENER STRASSE 484
BOCHUM GERMANY, GR D-4488**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000010498
01/22/04-80034-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

Cynthia J. Werges
Cynthia J. Werges, CFO

Date **1/16/04** Daytime Phone # **(303) 907-4058**