


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90728 017 \*\*\*150.00

DOCUMENT # P27044			
1. Entity Name EPICOR INDUSTRIES, INC.			
Principal Place of Business 4801 SPRINGFIELD STREET DAYTON, OH 45431 US		Mailing Address 900 SOUTH BROADWAY DENVER, CO 80209 US	
2. Principal Place of Business		3. Mailing Address 1551 Wewatta St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		Mail Code 90-A4 City & State Denver, CO	
Zip	Country	Zip	Country
80202	US	80202	US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERVELLI, RONALD J	NAME	
STREET ADDRESS	900 S BROADWAY	STREET ADDRESS	3200 Parker Drive
CITY-ST-ZIP	DENVER, CO 80209	CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	DVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISSER, DANIEL J	NAME	
STREET ADDRESS	4801 SPRINGFIELD ST	STREET ADDRESS	
CITY-ST-ZIP	DAYTON, OH 45431	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, KATHLEEN A	NAME	
STREET ADDRESS	900 S. BROADWAY	STREET ADDRESS	1551 Wewatta St.
CITY-ST-ZIP	DENVER, CO 80209	CITY-ST-ZIP	Denver, CO 80202
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSK, DIANE M	NAME	
STREET ADDRESS	900 S BROADWAY	STREET ADDRESS	1551 Wewatta St.
CITY-ST-ZIP	DENVER, CO 80209	CITY-ST-ZIP	Denver, CO 80202
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, JAMES E	NAME	S
STREET ADDRESS	900 SOUTH BROADWAY	STREET ADDRESS	George S. Pappayliou
CITY-ST-ZIP	DENVER, CO 80209	CITY-ST-ZIP	4801 Springfield St. Dayton, OH 45431
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	READING, ANTHONY J	NAME	D
STREET ADDRESS	4801 SPRINGFIELD ST	STREET ADDRESS	David Carroll
CITY-ST-ZIP	DAYTON, OH 45431	CITY-ST-ZIP	100 King St. W. 6600 1 1st Canadian Pl. Toronto, ON M5X 1B8
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>Diane M Rusk</i> DIANE M RUSK		Date: 4-13-04 Daytime Phone #: 303-744-5123	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	