

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 # **P31403** (9)
1. Corporation Name
SCHNEIDER SECURITIES, INC.



Principal Place of Business: **104 BROADWAY, 5TH FLOOR DENVER CO 80203**
Mailing Address: **104 BROADWAY, 5TH FLOOR DENVER CO 80203**

3. Date Incorporated or Qualified: **10/17/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **1120 Lincoln St. #900**
Suite, Apt. #, etc.
22
City & State: **Denver, Co**
23
Zip: **80203** Country: **USA**
24
25
26 **1120 Lincoln St #900**
Suite, Apt. #, etc.
27
City & State: **Denver, Co**
28
Zip: **80203** Country: **USA**
29
30

4. FEI Number: **84-0982281**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'ROURKE, THOMAS J.	1.2 NAME	
STREET ADDRESS	7193 SILVERHORN DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	EVERGREEN CO	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, ROGER P.	2.2 NAME	
STREET ADDRESS	2780 INDIANA	2.3 STREET ADDRESS	
CITY - ST - ZIP	GOLDEN CO	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAY-BITO, SIEGFRIED P.	3.2 NAME	
STREET ADDRESS	5475 MANITOU ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	LITTLETON CO	3.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, THOMAS W.	4.2 NAME	
STREET ADDRESS	3328 SWADLWY	4.3 STREET ADDRESS	15057 W. 32nd Place
CITY - ST - ZIP	WHEATRIDGE CO	4.4 CITY - ST - ZIP	Golden, Co 80401
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: _____ **SIEGFRIED P. DURAY-BITO** 4/25/96 303-837-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)