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**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90159 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P31403**

1. Corporation Name  
**SCHNEIDER SECURITIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1120 LINCOLN ST  
 STE 900  
 DENVER CO 80203  
 US

Mailing Address  
 1120 LINCOLN ST  
 STE 900  
 DENVER CO 80203  
 US

3. Date Incorporated or Qualified  
**10/17/1990**

4. FEI Number  
**84-0982281**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	O'ROURKE, THOMAS J.	
STREET ADDRESS	4505 S YOSEMITE, #138	
CITY-ST-ZIP	DENVER CO	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MAY, ROGER P.	
STREET ADDRESS	2780 INDIANA	
CITY-ST-ZIP	GOLDEN CO	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DURAY-BITO, SIEGFRIED P.	
STREET ADDRESS	5000 ASPEN DRIVE	
CITY-ST-ZIP	LITTLETON CO	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, THOMAS W.	
STREET ADDRESS	15057 W 32ND PL	
CITY-ST-ZIP	GOLDEN CO	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MURRAY, JAY A	
STREET ADDRESS	5001 E FREMONT AVE	
CITY-ST-ZIP	LITTLETON CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROUSE, RICK J.	
2.3 STREET ADDRESS	3632 W. SERAMONTE DR.	
2.4 CITY-ST-ZIP	HIGHLANDS RANCH, Co 80126	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/15/99** DAYTIME PHONE #: **303-837-9200**

CR2E034 (1/98)