

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P33617**

(2)

1. Corporation Name

**D.E. FREY & COMPANY, INC.**

Principal Place of Business

**1700 LINCOLN  
STE. 2200  
DENVER CO 80203**

Mailing Address

**1700 LINCOLN  
STE. 2200  
DENVER CO 80203-4522**



3. Date Incorporated or Qualified

**04/16/1991**

3a. Date of Last Report

**08/05/1996**

4. FEI Number

**84-1098795**

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

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

Signature typed or printed in name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS           | CITY-ST-ZIP | DELETE                              |
|-------|----------------|--------------------------|-------------|-------------------------------------|
| CEO   | FREY, DALE E.  | 1700 LINCOLN STE 2200    | DENVER CO   | <input type="checkbox"/>            |
| S     | LYNN, JULIAN   | 1700 LINCOLN, SUITE 2200 | DENVER CO   | <input type="checkbox"/>            |
| SD    | COY, DARCI     | 1700 LINCOLN STE 2200    | DENVER CO   | <input checked="" type="checkbox"/> |
| D     | TENNISON, BILL | 1700 LINCOLN STE 2200    | DENVER CO   | <input type="checkbox"/>            |
|       |                |                          |             | <input type="checkbox"/>            |
|       |                |                          |             | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                              | Addition                 |
|-----------|----------|--------------------|-----------------|-------------------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |

14. I do 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.

SIGNATURE: X

*Paul L. Hovener*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97 303-803-4031

Date

Daytime Phone

0496670

CR2E034 (9/96)