


**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90109 008 \*\*\*150.00

|                                                    |                                                                                   |                                                                                                          |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # P33617**

1. Corporation Name  
**D.E. FREY & COMPANY, INC.**



|                                                                       |                                                           |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business<br>1700 LINCOLN STE. 2200 DENVER CO 80203 | Mailing Address<br>1700 LINCOLN STE. 2200 DENVER CO 80203 |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                |    |                                    |  |                                                                                                                                                 |  |
|--------------------------------|----|------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |    | 2a. Mailing Address                |  | 3. Date incorporated or Qualified<br><b>04/16/1991</b>                                                                                          |  |
| 21                             | 26 | 4. FEI Number<br><b>84-1098795</b> |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                          |  |
| 22. Suite, Apt. #, etc.        |    | 27. Suite, Apt. #, etc.            |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                 |  |
| 23. City & State               |    | 28. City & State                   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                              |  |
| 24. Zip Country                |    | 29. Zip Country                    |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                                                                                                                      |  |  |  |                                                       |                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--------------------------|
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  |  |  | 10. Name and Address of New Registered Agent          |                          |
|                                                                                                                                      |  |  |  | 81 Name                                               |                          |
|                                                                                                                                      |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                          |
|                                                                                                                                      |  |  |  | 83                                                    |                          |
|                                                                                                                                      |  |  |  | 84 City                                               | 85 Zip Code<br><b>FL</b> |

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 *Paul Hocevar* DATE *3/15/99*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS |                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>CEO</b> <input type="checkbox"/> DELETE          | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FREY, DALE E.</b>                                | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1700 LINCOLN STE 2200</b>                        | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>DENVER CO</b>                                    | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LYNN, JULIAN</b>                                 | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1700 LINCOLN, SUITE 2200</b>                     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>DENVER CO</b>                                    | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HOCEVAR, PAUL</b>                                | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1700 LINCOLN, #2200</b>                          | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>DENVER CO</b>                                    | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TENNISON, BILL</b>                               | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1700 LINCOLN STE 2200</b>                        | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>DENVER CO</b>                                    | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GILLESPIE, SCOTT</b>                             | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1700 LINCOLN ST, #2200</b>                       | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>DENVER CO 80203</b>                              | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CASSEDY, MARSHALL</b>                            | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>2012-D DAVENPORT ST</b>                          | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>RHINELANDER WI 54501</b>                         | 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: *Paul Hocevar* DATE *3/19/99*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**(PAUL HOCEVAR)**

CR2E034 (11/98)