

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90005 013 ***150.00

DOCUMENT # P35914

1. Corporation Name

SWETT & CRAWFORD OF COLORADO, INC.



Principal Place of Business

123 N WACKER DR
CHICAGO IL 60606
US

Mailing Address

TAX DEPT
P.O. BOX 8264
CHICAGO IL 60680
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1991

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

95-3810440

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	DOCKENDORF, DENISE D	
STREET ADDRESS	720 OLIVE STREET	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WALLS, JACQUELYN T	
STREET ADDRESS	21650 OXNARD ST, SUITE 1600	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WARTICK, RONALD	
STREET ADDRESS	109 SOUTH SEVENTH ST	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FYDA, SUSAN	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, ROBERT	
STREET ADDRESS	21650 OXNARD STREET, SUITE 1600	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	STANLEY, WARREN S.	
STREET ADDRESS	21650 OXNARD STREET, SUITE 1600	
CITY-ST-ZIP	WOODLAND HILLS CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VAS
1.3 STREET ADDRESS	Robin, Craig L.
1.4 CITY-ST-ZIP	123 N. Wacker Dr, Chicago, IL 60606
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	Jeschke, Arlene
2.4 CITY-ST-ZIP	123 N. Wacker Dr, Chicago, IL 60606
3.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
4.2 NAME	Baer, Jerome J.
4.3 STREET ADDRESS	123 N. Wacker Dr, Chicago, IL 60606
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T
5.3 STREET ADDRESS	Hardy, Arlene H.
5.4 CITY-ST-ZIP	123 N. Wacker Dr, Chicago, IL 60606
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	Wichmann, David A.
6.4 CITY-ST-ZIP	123 N. Wacker Dr, Chicago, IL 60606

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

4/28/99 312 701-3640

CR2E034 (11/98)