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FILED
May 13 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 # P37277

(1)

1. Corporation Name

TCI TKR OF THE GULF PLAINS, INC.

Principal Place of Business

5619 DTC PKWY
TAX DEPT
ENGLEWOOD CO 80111
US

Mailing Address

PO BOX 5630
TAX DEPT
DENVER CO 80217-5630
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

01/28/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2638402

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

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE COBD ☒ DELETE

NAME MARSHALL, BARRY P

STREET ADDRESS 5619 DTC PKWY

CITY- ST- ZIP ENGLEWOOD CO

TITLE PD ☐ DELETE

NAME BARBERINI, THOMAS R

STREET ADDRESS 2204 LAKE SHORE DR SUITE 325

CITY- ST- ZIP BIRMINGHAM AL

TITLE VS ☐ DELETE

NAME BRETT, STEPHEN M

STREET ADDRESS 5619 DTC PKWY

CITY- ST- ZIP ENGLEWOOD CO

TITLE V ☒ DELETE

NAME HOWARD, GARY S.

STREET ADDRESS 5619 DTC PARKWAY

CITY- ST- ZIP ENGLEWOOD CO

TITLE VT ☐ DELETE

NAME SCHOTTERS, BERNARD W II

STREET ADDRESS 5619 DTC PKWY

CITY- ST- ZIP ENGLEWOOD CO

TITLE AV ☒ DELETE

NAME HALSEY, GREG

STREET ADDRESS 5619 DTC PKWY

CITY- ST- ZIP ENGLEWOOD CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME BLAYLOCK, GARY

1.3 STREET ADDRESS 5619 DTC PARKWAY

1.4 CITY- ST- ZIP ENGLEWOOD, CO 80111

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE V ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 in an attachment with an address.

SIGNATURE:

CR2E034 (9/96)