

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P37387 (8)

1. Corporation Name

HARBOURTON FUNDING CORPORATION



Principal Place of Business

601 FIFTH AVENUE  
SCOTTSBLUFF NE 69361

Mailing Address

601 FIFTH AVENUE  
SCOTTSBLUFF NE 69361

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 2530 So. Parker Road

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 500

Suite, Apt. #, etc.

27 City & State

City & State

23 Aurora, CO

City & State

28 Zip

Zip

24 80014

Country

25 Arapahoe

Zip

29

Country

30

4. FEI Number

47-0750433

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
PLANTATION FL 33324

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 D ☐ DELETE  
NAME MILLS, DAVID  
STREET ADDRESS 1205 PACIFIC AVENUE, SUITE 201, 2ND FLOOR  
CITY-ST-ZIP SANTA CRUZ CA

TITLE P ☐ DELETE  
NAME SKOGG, RICK W.  
STREET ADDRESS 2530 SOUTH PARKER ROAD, SUITE 500  
CITY-ST-ZIP AURORA CO

TITLE VS ☐ DELETE  
NAME LASHLEY, REGINA  
STREET ADDRESS 601 5TH AVENUE  
CITY-ST-ZIP SCOTTSBLUFF NE

TITLE EV ☐ DELETE  
NAME TROUTMAN, LEO JR. C.  
STREET ADDRESS 601 FIFTH AVE.  
CITY-ST-ZIP SCOTTSBLUFF NE

TITLE VP ☐ DELETE  
NAME MCDONALD, RICHARD S.  
STREET ADDRESS 601 FIFTH AVE.  
CITY-ST-ZIP SCOTTSBLUFF NE

TITLE EVT ☐ DELETE  
NAME SZMANSKI, PAUL  
STREET ADDRESS 2530 SOUTH PARKER ROAD, SUITE 500  
CITY-ST-ZIP AURORA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TRAUTMAN, LEO JR. C.

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

700001788727

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\*\*\*200.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4-21-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

(308) 635-3500

Date

Daytime Phone #

CR2E034 (12/95)