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Apr 29 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 # P37387 (8)  
1. Corporation Name  
HARBOURTON FUNDING CORPORATION



Principal Place of Business  
2530 SOUTH PARKER ROAD  
SUITE 500  
AURORA CO 80014

Mailing Address  
601 FIFTH AVENUE  
SCOTTSBLUFF NE 69361-3541

3. Date Incorporated or Qualified 02/03/1992  
3a. Date of Last Report 04/21/1996  
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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
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  
85 Zip Code FL

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 re-registering)

DATE

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS  
1.1 TITLE ☐ DELETE  
1.2 NAME D MILLS, DAVID  
1.3 STREET ADDRESS 1205 PACIFIC AVENUE, SUITE 201, 2ND FLOOR  
1.4 CITY-ST-ZIP SANTA CRUZ CA  
2.1 TITLE ☐ DELETE  
2.2 NAME P SKOGG, RICK W.  
2.3 STREET ADDRESS 2530 SOUTH PARKER ROAD, SUITE 500  
2.4 CITY-ST-ZIP AURORA CO  
3.1 TITLE ☐ DELETE  
3.2 NAME VS LASHLEY, REGINA  
3.3 STREET ADDRESS 601 5TH AVENUE  
3.4 CITY-ST-ZIP SCOTTSBLUFF NE  
4.1 TITLE ☐ DELETE  
4.2 NAME EV TRAUTMAN, LEO C JR  
4.3 STREET ADDRESS 601 FIFTH AVE.  
4.4 CITY-ST-ZIP SCOTTSBLUFF NE  
5.1 TITLE ☐ DELETE  
5.2 NAME VP MCDONALD, RICHARD S.  
5.3 STREET ADDRESS 601 FIFTH AVE.  
5.4 CITY-ST-ZIP SCOTTSBLUFF NE  
6.1 TITLE ☐ DELETE  
6.2 NAME EVT SZMANSKI, PAUL  
6.3 STREET ADDRESS 2530 SOUTH PARKER ROAD, SUITE 500  
6.4 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  
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 on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

04/21/97

(308) 635-3500

CR2E034 (9/96)