

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37843

INCORPORATED

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90030 001 ***150.00

Place of Business
6849
CO 80155
Mailing Address
P. O. BOX 6849
ENGLEWOOD CO 80155-6849

00007650



DO NOT WRITE IN THIS SPACE

Place of Business
Sec, Inc.
Apt. #, etc.
Inverness Dr. E.
State
Englewood CO
City & State
Englewood CO
Country
USA
Zip
80155-6849
Country
USA4. FEI Number 84-0577348
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Corporation is eligible to satisfy its Intangible
Filing requirement and elects to do so.
(Criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

CDP
ANDERSON, LEWIS L.
33 INVERNESS DR EAST
ENGLEWOOD CO 80112 ☐ DeleteVDST
SHAW, DONALD F.
33 INVERNESS DR EAST
ENGLEWOOD CO 80112 ☐ DeleteVD
MORISHIGE, DENNIS Y.
33 INVERNESS DR EAST
ENGLEWOOD CO 80112 ☐ DeleteVD
NORBLUM, JOAN
33 INVERNESS DR EAST
ENGLEWOOD CO 80112 ☐ DeleteVD
LONG, GIL
33 INVERNESS DR EAST
ENGLEWOOD CO 80112 ☐ DeleteVD
MORGAN, DUSTY
33 INVERNESS DR EAST
ENGLEWOOD CO 80112 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Cynthia Whitaker
33 Inverness Dr. East
Englewood, CO 80112 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionI hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
submitted on this report or supplemental 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 11 or Block 12 if
applicable, or on an attachment with an address, with all other like empowered.SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald F. Shaw, Executive Vice President

Date

(303) 790-1444

Daytime Phone #

CR2E034 (9/99)