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CR2E034

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am **Secretary of State** DOCUMENT # P37843 1. Entity Name 01-30-2002 90116 017 ***150.00 ISEC. INCORPORATED Principal Place of Business Mailing Address 33 INVERNESS OR EAST P. O. BOX 6849 ENGLEWOOD CO 80112 ENGLEWOOD CO 80155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 84-0577348 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CDP ☐ Delete TITLE Addition ROB HUTCHTSON 33 Inverses Drivekas-ANDERSON, LEWIS L. NAME NAME STREET ADDRESS 33 INVERNESS DR EAST STREET ADDRESS Englewood CU SUITZ CITY-ST-ZIP ENGLEWOOD CO 80112 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition VDST NAME SHAW, DONALD F. NAME STREET ADDRESS STREET ADDRESS 33 INVERNESS DR EAST CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80112 Addition TITLE ☐ Delete TITLE ☐ Change NAME MORISHIGE, DENNIS Y. NAME STREET ADDRESS STREET ADDRESS 33 INVERNESS DR EAST CITY-ST-ZIP CITY-ST-7IP ENGLEWOOD CO:80112 ☐ Change TITLE VD ☐ Delete TITLE Addition NAME NORBLOM, JOAN NAME STREET ADDRESS 33 INVERNESS DR EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80112 TITLE Delete TITLE ☐ Change ☐ Addition NAME LONG, GIL NAME STREET ADDRESS 33 INVERNESS DR EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD CO 80112** TITLE Titi F ☐ Change ☐ Delete Addition NAME MORGAN, DUSTY NAME STREET ADDRESS 33 INVERNESS DR EAST STREET ADDRESS CITY-ST-7IP **ENGLEWOOD CO 80112** CITY-ST-ZIP 13. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment N