

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39804 (0)
1. Corporation Name
TCI REALTY INVESTMENTS COMPANY

Principal Place of Business
**5619 DTC PARKWAY
ENGLEWOOD CO 80111-3000
US**

Mailing Address
**P.O. BOX 5630
TAX DEPT.
DENVER CO 80217
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/27/1992		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		84-1195034		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution			
24		25		29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		81. Name			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	ASSISTANT VP
NAME	ANCHUSTEGUI, JIM J.	1.2 NAME	NOLAN COOKIN
STREET ADDRESS	5619 DTC PARKWAY	1.3 STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO	1.4 CITY - ST - ZIP	ENGLEWOOD, CO 80111
TITLE	V	2.1 TITLE	
NAME	FISHER, BLAKE F.	2.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD CO	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	
NAME	BRETT, STEPHEN M.	3.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD CO	3.4 CITY - ST - ZIP	
TITLE	VTD	4.1 TITLE	VP/TREASURER
NAME	CLOUSTON, BRENDAN R.	4.2 NAME	BERNARD W. SCHOTTERS, II.
STREET ADDRESS	5619 DTC PARKWAY	4.3 STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO	4.4 CITY - ST - ZIP	ENGLEWOOD, CO 80111
TITLE	AS	5.1 TITLE	ASST. SEC
NAME	SWEENEY, TIMOTHY A.	5.2 NAME	MARY M. MCCHESEY
STREET ADDRESS	5619 DTC PARKWAY	5.3 STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO	5.4 CITY - ST - ZIP	ENGLEWOOD, CO 80111
TITLE	AVP	6.1 TITLE	
NAME	HALSEY, GREG	6.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD CO	6.4 CITY - ST - ZIP	

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nolan D. Cookin

NOLAN COOKIN-ASST. VP

7/27/95

(303) 267-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)