

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90157 045 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004977
Entity Name
LISTON CORPORATION

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business
389 Ringling Blvd., #D
Suite, Apt. #, etc.

3. Mailing Address
7515 Crooked Oak Court
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sarasota, Florida

City & State
Parker, Colorado

4. FEI Number
57-3222919

Applied For
Not Applicable

Zip
4237

Country
USA

Zip
80134

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Kirk Pinkerton

Street Address (P.O. Box Number is Not Acceptable)
720 South Orange Avenue

City
Sarasota

FL

Zip Code
34236

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	M. C. Barnard	7515 Crooked Oak Court	Parker, Colorado 80134				

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. C. Barnard*

(303) 521-4780