


PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90011 009 *1,100.00

DOCUMENT # P960000532461. Corporation Name
SIGMA VI, INC.

Principal Place of Business

300 NORTH DR
MELBOURNE FL 32934
US

Mailing Address

200 SOUTH ORANGE AVENUE #2300
ORLANDO FL 32801-3432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1996

4. FEI Number

59-3405571

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26**300 North Dr.**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30**USA**

9. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801-3432

10. Name and Address of New Registered Agent

81. Name

McKee, Ronald W.

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

300 North Dr.

83.

84. City


Melbourne**FL**

85. Zip Code

32934

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

**7-14-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DSTC	<input checked="" type="checkbox"/> DELETE
NAME	MCKEE, RONALD	
STREET ADDRESS	300 NORTH DR	
CITY-ST-ZIP	MELBOURNE FL 32934	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DERBY, VERNON J	
STREET ADDRESS	300 NORTH DR	
CITY-ST-ZIP	MELBOURNE FL 32934	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marum, W. Phillip	
1.3 STREET ADDRESS	1675 Broadway, Ste 2200	
1.4 CITY-ST-ZIP	Denver, CO 80202	

2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McKee, Ronald W.	
2.3 STREET ADDRESS	300 North Dr.	
2.4 CITY-ST-ZIP	Melbourne, FL 32934	

3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gabbard, A. Bradley	
3.3 STREET ADDRESS	1675 Broadway, Ste. 2150	
3.4 CITY-ST-ZIP	Denver, CO 80202	

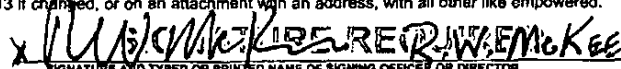
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Harley Jr., Joseph L.	
4.3 STREET ADDRESS	300 North Dr.	
4.4 CITY-ST-ZIP	Melbourne, FL 32934	

5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Macdonald, Daniel A.	
5.3 STREET ADDRESS	300 North Dr.	
5.4 CITY-ST-ZIP	Melbourne, FL 32934	

6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Zuiderveen, Gary J.	
6.3 STREET ADDRESS	1675 Broadway, Ste 2150	
6.4 CITY-ST-ZIP	Denver CO 80202	

14. I 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, with all other like empowered.

SIGNATURE: x



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/99

Date

4072599700

Daytime Phone #

CR2E034 (1/98)