FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 512588 (5)

1. Corporation Name

Margate Video Systems, Inc.

Principal Place of Business	Mailing Address
950 NW 66 Ave. **P.O. Box 63-4759** **Margate FL 33063**	**950 NW 66 Ave.** **P.O. Box 63-4759** **Margate, FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1976**	3a. Date of Last Report: **4/30/1994**
4. FEI Number: **59-1693369**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

2. Principal Place of Business
21: 5619 DTC PARKWAY
Suite, Apt. #, etc.
22: 6TH FLOOR
City & State
23: ENGLEWOOD, CO
Zip: 24: 80111
Country: 25:

2a. Mailing Address
26: P.O. BOX 5630
Suite, Apt. #, etc.
27: TAX DEPT.
City & State
28: DENVER, CO
Zip: 29: 80217-5630
Country: 30:

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Bienstock & Clark
First Union Fin Center, Suite 3160
200 South Biscayne Blvd.
Miami, FL 33131-2367

10. Name and Address of New Registered Agent

01 Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC.
02 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST., STE 105
03:
04 City: TALLAHASSEE FL 05 Zip Code: 32301

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	PRESIDENT/DIRECTOR THOMAS L. BARBERINI 5619 DTC PARKWAY ENGLEWOOD, CO 80111	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	COB BARRY P. MARSHALL 5619 DTC PARKWAY ENGLEWOOD, CO 80111	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	VP/ASST. TREASURER STEPHEN M. BRETT 5619 DTC PARKWAY ENGLEWOOD, CO 80111	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	SECRETARY ELIEHUE BRUNSON 5619 DTC PARKWAY ENGLEWOOD, CO 80111	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	ASST. VP NOLAN GOOKIN 5619 DTC PARKWAY ENGLEWOOD, CO 80111	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	ASST. VP GREG HALSEY 5619 DTC PARKWAY ENGLEWOOD, CO 80111	☐ Change ☒ Addition

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 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.

SIGNATURE: Nolan D. Gookin NOLAN GOOKIN-ASST. VP 4/27/95 (303) 267-5500
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)