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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S37135**

1. Corporation Name
MICRO HOUSE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2477 55TH STREET #101 BOULDER CO 80301	2477 55TH STREET #101 BOULDER CO 80301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/28/1991

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3052351 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, STEVE		1.2 NAME		
STREET ADDRESS	193 W. CEDAR WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 80027		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, DOUG		2.2 NAME		
STREET ADDRESS	29304 SPRUCE CANYON DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN CO 80403		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLAKEY, ROGER		3.2 NAME		
STREET ADDRESS	5588 W. 115TH DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WESTMINSTER CO 80020		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAURO, BOB		4.2 NAME		
STREET ADDRESS	3032 INGALLS COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	WHEAT RIDGE CO 80214		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRAND, DANNY		5.2 NAME		
STREET ADDRESS	1238 DORIS CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ERIE CO 80516		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE		☒ Change ☒ Addition
NAME	THOMSON, BRIAN		6.2 NAME		
STREET ADDRESS	7654 ARROUSHAT TRIAL		6.3 STREET ADDRESS		
CITY-ST-ZIP	PARKER CO 80134		6.4 CITY-ST-ZIP	VV ECKELBERRY, RIGGS 256 W CEDAR WAY LOUISVILLE, CO 80027	

CR2E034 (11/98)

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: Roger A. Blakey, Secretary 1/6/99 (303)443-3388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #