## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 31, 2002 8:00 am DOCUMENT # F01000004325 **Secretary of State** 1. Entity Name TANCO ENGINEERING, INC. 03-31-2002 90328 019 \*\*\*150.00 Principal Place of Business Mailing Address 1030 BOSTON AVE. 1030 BOSTON AVE. LONGMONT CO 80501 LONGMONT CO 80501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 84-079632(APPLIED FOR Not Applicable Zip Country Country --- \_ \$8.75 Additional 5.- Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. 8ox Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Şee criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE Delete TITLE Change ☐ Addition ROBERTS, GARY D NAME NAME STREET ADDRESS 2282 HOLYOKE STREET ADDRESS CITY-ST-ZIP **BOULDER CO** CITY-ST-ZIP TITLE STD ☐ Delete TITLE Change ☐ Addition NAME MULKEY, JOHN R NAME STREET ADDRESS 3858 W. 102ND AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTMINSTER CO TITLE ☐ Delete VD TITLE ☐ Change Addition NAME PETRIE. JACK G NAME STREET ADDRESS STREET ADDRESS 3031 LONGS PEAK RTE. CITY-ST-7IP **ESTES PARK CO** CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME ROBINSON, TOM S NAME STREET ADDRESS **512 CHISHOLM** STREET ADDRESS CITY-ST-ZIP BERTHOUD CO CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Channe NAME LOBELLO, PAUL A NAME STREET ADDRESS 3926 FOOTHILLS DRIVE STREET ADDRESS CITY-ST-ZIP **LOVELAND CO** CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OF DIRECTOR

3/15/02

303-772-542

FILED