

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000000208 (0)**

1. Corporation Name  
**STADYDYN, INC.**



Principal Place of Business: **1225 FLORIDA AVENUE LONGMONT CO 80502-1379**  
Mailing Address: **P.O. BOX 1379 LONGMONT CO 80502-1379**

3. Date Incorporated or Qualified: **11/12/1992**  
3a. Date of Last Report: **05/23/1995**  
4. FEI Number: **84-0684224**  
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **1225 Ken Pratt Blvd.**  
2a. Mailing Address: **Longmont, Co**  
22. Suite, Apt. #, etc.: **2001**  
23. City & State: **Longmont, Co**  
24. Zip: **80501**

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, W B	1.2 NAME	
STREET ADDRESS	1288 FOXHILL DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LONGMONT CO 80501	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENSTERMAKER, JOHN L	2.2 NAME	
STREET ADDRESS	1228 FOX HILL DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LONGMONT CO 80501	2.4 CITY - ST - ZIP	
TITLE	VST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, MICHAEL J	3.2 NAME	
STREET ADDRESS	700 CASCADE STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOULDER CO 80302	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYERS, FREDERICK H	4.2 NAME	
STREET ADDRESS	475 S. 68TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOULDER CO 80303	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEESAMAN, RICHARD E MD	5.2 NAME	
STREET ADDRESS	1235 MARIPOSA	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOULDER CO 80302	5.4 CITY - ST - ZIP	
TITLE	See Attached	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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: *M. J. Newman* *M. Newman* **4/25/96 303-772-3651**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)



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Stadyn, Inc.  
1225 Ken Pratt Boulevard  
P.O. Box 1379  
Longmont, CO, USA 80502-1379

(303) 772-3631  
FAX: (303) 651-0266

Florida Annual Report

12. Officers and Directors (cont'd)

D  
Margaret S. Hansson  
2220 Norwood Avenue  
Boulder, CO 80304

D  
Alan C. Stormo, M.D.  
3733 Wonderland Hill Avenue  
Boulder, CO 80304

D  
Gerald D. Van Eeckhout  
3913 Mountain Side Trail  
Evergreen, CO 80439

D  
Patrick F. Crane  
4453 Rustic Trail  
Boulder, CO 80301