

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90020 031 \*\*\*550.00

**DOCUMENT # F99000005601**

1. Entity Name  
**INFORMATION & GRAPHICS SYSTEMS, INC.**

Principal Place of Business: **5777 CENTRAL AVENUE, SUITE 200 BOULDER CO 80302**  
 Mailing Address: **5777 CENTRAL AVENUE, SUITE 200 BOULDER CO 80302**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **84-1066687**  
 Applied For:  Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BEIN, JONATHAN</b>	
STREET ADDRESS <b>5777 CENTRAL AVENUE, SUITE 200</b>	
CITY-ST-ZIP <b>BOULDER CO 80302</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BRUNY, STEVEN</b>	
STREET ADDRESS <b>5777 CENTRAL AVENUE, SUITE 200</b>	
CITY-ST-ZIP <b>BOULDER CO 80302</b>	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Rick Joyce</b>	
STREET ADDRESS <b>5777 Central Ave Ste 200</b>	
CITY-ST-ZIP <b>Boulder, CO 80301</b>	
TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Linda Alexander</b>	
STREET ADDRESS <b>5777 Central Ave Ste 200</b>	
CITY-ST-ZIP <b>Boulder CO 80301</b>	
TITLE <b>Sec/Trea.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Jonathan Bein</b>	
STREET ADDRESS <b>5777 Central Ave Ste 200</b>	
CITY-ST-ZIP <b>Boulder CO 80301</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Jonathan Bein* **7/12/00** **303 448 3676**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)