2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006523

Entity Name: ECEP, INC.

Current Principal Place of Business:

6200 S SYRACUSE WAY SUITE 200 GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

6200 S SYRACUSE WAY SUITE 200 GREENWOOD VILLAGE, CO 80111 US

FEI Number: 36-4330833

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	EVPS	Title	EVPT
Name	ZIMMERMAN, TODD G	Name	RATTON, STEVE JR.
Address	6200 S SYRACUSE WAY, SUITE 200, MS110	Address	6200 S SYRACUSE WAY, SUITE 200, MS110
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111
Title	DCEO	Title	AS
Name	SANGER, WILLIAM A	Name	JOHNSON, BENJAMIN
Address	6200 S SYRACUSE WAY, SUITE 200, MS110	Address	6200 S SYRACUSE WAY, SUITE 200, MS110
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111
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Title	PRES	Title	EVP
Name	PRES MURPHY, JAMES L	Name	OWEN, RANDY
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Name	MURPHY, JAMES L 6200 S SYRACUSE WAY, SUITE 200,	Name	OWEN, RANDY 6200 S SYRACUSE WAY, SUITE 200,
Name Address	MURPHY, JAMES L 6200 S SYRACUSE WAY, SUITE 200, MS110	Name Address	OWEN, RANDY 6200 S SYRACUSE WAY, SUITE 200, MS110
Name Address City-State-Zip:	MURPHY, JAMES L 6200 S SYRACUSE WAY, SUITE 200, MS110 GREENWOOD VILLAGE CO 80111	Name Address	OWEN, RANDY 6200 S SYRACUSE WAY, SUITE 200, MS110
Name Address City-State-Zip: Title	MURPHY, JAMES L 6200 S SYRACUSE WAY, SUITE 200, MS110 GREENWOOD VILLAGE CO 80111 SECRETARY	Name Address	OWEN, RANDY 6200 S SYRACUSE WAY, SUITE 200, MS110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG A WILSON

SECRETARY

04/22/2015

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date