

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P09114 (0)**
1. Corporation Name
ECOVA CORPORATION

Principal Place of Business Mailing Address
**800 JEFFERSON CITY PARKWAY
MAIL CODE 3401A
GOLDEN CO 80401
US** **200 EAST RANDOLPH DRIVE
MC 2404
CHICAGO IL 60601-7125
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/17/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **82-0388402** Applied For
Not Applicable
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 § 100.022,
Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 his or her approver. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	NOEL, T.E.
STREET ADDRESS	800 JEFFERSON CNTY PKWY
CITY ST ZIP	GOLDEN CO 80401
TITLE	V
NAME	ENGLER, T. R
STREET ADDRESS	800 JEFFERSON CNTY PKWY
CITY ST ZIP	GOLDEN CO 80401
TITLE	V
NAME	COOPER, E D
STREET ADDRESS	800 JEFFERSON CNTY PKWY
CITY ST ZIP	GOLDEN CO 80401
TITLE	VTAS
NAME	BAUMANN, B.M.
STREET ADDRESS	800 JEFFERSON CNTY PKWY
CITY ST ZIP	GOLDEN CO 80401
TITLE	AS
NAME	SIDDALL, J. L.
STREET ADDRESS	200 E RANDOLPH DR
CITY ST ZIP	CHICAGO IL
TITLE	AS
NAME	WILSON, G M
STREET ADDRESS	200 E RANDOLPH DR
CITY ST ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	WARSTELLAR, B. H.
23. STREET ADDRESS	
24. CITY ST ZIP	
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	JOHNSON, R. B.
33. STREET ADDRESS	
34. CITY ST ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY ST ZIP	
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	CHICAGO, ILLINOIS 60601
54. CITY ST ZIP	
61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	CHICAGO, ILLINOIS 60601
64. 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 110.07(3)(b), 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: *J. L. Siddall* **J. L. SIDDALL** *Warstellar* **WARSTELLAR** *Johnson* **JOHNSON** **312) 856-4476**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR