


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90012 044 ***150.00

DOCUMENT # P17113

1. Entity Name
T2 MEDICAL, INC.



Principal Place of Business
1675 BROADWAY
900
DENVER, CO 80202 US

Mailing Address
1675 BROADWAY
900
DENVER, CO 80202 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01152004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2405366

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	MARABITO, ALLEN	
STREET ADDRESS	1675 BROADWAY SUITE 900	
CITY-ST-ZIP	DENVER, CO 80202	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	PONZIO, VITO J	
STREET ADDRESS	1675 BROADWAY SUITE 900	
CITY-ST-ZIP	DENVER, CO 80202	
TITLE	SVCT	<input type="checkbox"/> Delete
NAME	DANITZ, SCOTT R	
STREET ADDRESS	1675 BROADWAY SUITE 900	
CITY-ST-ZIP	DENVER, CO 80202	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	GERALD, REYNOLDS A	
STREET ADDRESS	1675 BROADWAY SUITE 900	
CITY-ST-ZIP	DENVER, CO 80202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sr. VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ponzio, Jr., Vito	
STREET ADDRESS	1675 Broadway, Suite 900	
CITY-ST-ZIP	Denver, CO 80202	
TITLE	Sr. VP, CFO, Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Danitz, Scott R.	
STREET ADDRESS	1675 Broadway, Suite 900	
CITY-ST-ZIP	Denver, CO 80202	
TITLE	Vice President, Controller	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald, Reynolds A.	
STREET ADDRESS	1675 Broadway, Suite 900	
CITY-ST-ZIP	Denver, CO 80202	
TITLE	Vice President, Taxation	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moeller, Scott T.	
STREET ADDRESS	1675 Broadway, Suite 900	
CITY-ST-ZIP	Denver, CO 80202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Vito Ponzio, Jr. 2/2/04 (303) 672-8631
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #