


2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91457 016 ***150.00

DOCUMENT # P22189
1. Entity Name
GEA Integrated Cooling Technologies, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>143 Union Blvd.</i> Suite, Apt. #, etc. <i>Suite 400</i> City & State <i>Lakewood, CO</i>		3. Mailing Address <i>143 Union Blvd.</i> Suite, Apt. #, etc. <i>Suite 400</i> City & State <i>Lakewood, CO</i>	
Zip <i>80228</i>	Country <i>USA</i>	Zip <i>80228</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>57-0268494</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <i>CT Cooperation System</i>
Street Address (P.O. Box Number is Not Acceptable) <i>1200 S. Pine Island Road</i>
City <i>Plantation</i>
FL Zip Code <i>33324</i>

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 _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Peter Miller 143 Union Blvd. Suite 400 Lakewood, CO 80228</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Richard Hebert 143 Union Blvd. Suite 400 Lakewood, CO 80228</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary/Treasurer Cynthia Wergas 143 Union Blvd. Suite 400 Lakewood, CO 80228</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director George Silbermann Dorstenerz Strasse 484 Bachum, Germany D-44808</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Rolf Schildmann Dorstenerz Strasse 484 Bachum, Germany D-44808</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]* DATE: *4/28/03* DAYTIME PHONE #: *303-987-4058*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)