

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 21 AM 10: 50

DOCUMENT # P31449 (2)

1. Corporation Name
COMPUTER SYSTEM DYNAMICS, INC.

Principal Place of Business Mailing Address
12130 PENNSYLVANIA STREET THORNTON CO 80241 **12130 PENNSYLVANIA STREET THORNTON CO 80241**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/11/1990** 3a. Date of Last Report **06/14/1994**
4. FEI Number **84-0684460** 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 s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**THOMAS, JOHN
100 RED BAY DR.
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VANZANT, ROBERT R., JR.
STREET ADDRESS	631 MANORWOOD LANE
CITY - ST - ZIP	LOUISVILLE CO
TITLE	VD
NAME	DAVIS, JAMES E.
STREET ADDRESS	15338 W. ELLSWORTH DRIVE
CITY - ST - ZIP	GOLDEN CO
TITLE	D
NAME	VANZANT, ROBERT T., SR.
STREET ADDRESS	9109 CATALINA
CITY - ST - ZIP	PRAIRIE VALLEY KS
TITLE	D
NAME	BROCK, THOMAS
STREET ADDRESS	513 PLEASANT
CITY - ST - ZIP	BOULDER CO
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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)(k), Florida Statutes. I further certify that the information included on this annual report or biennial 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 agent 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 changed, added, or attached herewith with an address.

SIGNATURE *Robert R. Vanzant, Jr.* **ROBERT R. VANZANT, JR.** **6/13/95 (303) 450-5252**
SIGNING OFFICER OR DIRECTOR (Date) (Signature)

CRE034 (3/95)