

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P31449 (2)**
1. Corporation Name
COMPUTER SYSTEM DYNAMICS, INC.



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

3. Date Incorporated or Qualified: **09/11/1990**
3a. Date of Last Report: **06/21/1995**
4. FEI Number: **84-0684460**
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25
Zip: 29 Country: 30

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 607.0502 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 607.0506, Florida Statutes.
SIGNATURE: *James E. Davis* DATE: **4-15-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANZANT, ROBERT R., JR.	1.2 NAME	
STREET ADDRESS	631 MANORWOOD LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE CO	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES E.	2.2 NAME	
STREET ADDRESS	15338 W. ELLSWORTH DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GOLDEN CO	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANZANT, ROBERT T., SR.	3.2 NAME	
STREET ADDRESS	9109 CATALINA	3.3 STREET ADDRESS	
CITY - ST - ZIP	PRAIRIE VALLEY KS	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, THOMAS	4.2 NAME	
STREET ADDRESS	513 PLEASANT	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOULDER CO	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doug Davidson	5.2 NAME	
STREET ADDRESS	11445 Quivas Way	5.3 STREET ADDRESS	
CITY - ST - ZIP	Westminster, CO 80234	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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: *James E. Davis* DATE: **4-12-96** 303-450-5252
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E034 (12/95)