

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90168 019 ***150.00

DOCUMENT # P41110
 1. Entity Name
MAE JMA, INC.

Principal Place of Business 1873 S. BELLAIRE ST., SUITE 1700 DENVER CO 80222	Mailing Address 1873 S. BELLAIRE ST., SUITE 1700 DENVER CO 80222-4360
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2000 S. Colorado Boulevard Suite, Apt. #, etc. Tower Two, Suite 2-1000	3. Mailing Address 2000 S. Colorado Boulevard Suite, Apt. #, etc. Tower Two, Suite 2-1000
City & State Denver, CO	City & State Denver, CO

4. FEI Number 57-0947004	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 80222	Country USA	Zip 80222	Country USA
--------------	----------------	--------------	----------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CONSIDINE, TERRY 1873 S. BELLAIRE ST., SUITE 1700 DENVER CO 80222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOMPANIEZ, PETER 1873 S. BELLAIRE ST., SUITE 1700 DENVER CO 80222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BONDER, JOEL 1873 S. BELLAIRE ST., SUITE 1700 DENVER CO 80222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HEATH, PATRICIA 1873 S. BELLAIRE ST., SUITE 1700 DENVER CO 80222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D 2000 S. Colo.: Blvd., Tower Two, #2-1000 Denver, CO 80222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/Secretary 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: Joel Bonder **Joel Bonder, Secretary** 4-6-00 (303) 757-8101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #