

☐ FEE \$ 25.00
ON OR BEFORE 05/31/96
DATE DUE
REPORT YEAR 1996

STATE OF COLORADO
BIENNIAL REPORT OF
A CORPORATION OR LIMITED LIABILITY COMPANY

SECRETARY OF STATE
FILED

MAR 07 1996

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READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING
SUBMIT SIGNED FORM WITH FILING FEE

THIS FORM MUST BE TYPED

P 25

MAILING DATE 03/01/96

INFORMATION BELOW IS ON FILE IN THIS OFFICE - DO NOT CHANGE PRE-PRINTED INFORMATION

CORPORATE NAME REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE & ZIP 871467754 DP STATE/COUNTRY OF INC CO THOMAS P. WEBER GREAT DIVIDE CONSTRUCTION, INC. 0979 COTTONWOOD PASS ROAD GYP SUM CO 81632	FOR OFFICE USE ONLY 941033766 C \$25.00 SECRETARY OF STATE 03-12-96 07:28 FIRST REPORT OR CORRECTIONS IN THIS COLUMN
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Return completed reports to:
Department of State
Corporate Report Section
1560 Broadway, Suite 200
Denver, CO 80202

TYPE NEW AGENT NAME
SIGNATURE OF NEW REGISTERED AGENT
MUST HAVE A STREET ADDRESS
CITY STATE CO ZIP

OFFICERS NAME AND ADDRESS	TITLE	
WEBER, THOMAS P 1784 SW FRONTAGE VAIL CO 81657	PT	<u>0979 Cottonwood Pass Rd.</u> <u>Gypsum, Co 81637</u>
WEBER, ARLETTE J 1784 SW FRONTAGE VAIL CO 81657	VS	<u>0979 Cottonwood Pass Rd.</u> <u>Gypsum, Co 81637</u>

DIRECTORS OR LIMITED LIABILITY COMPANY MANAGERS	(If you have less than 3 shareholders, you may list less than 3 directors)
WEBER, THOMAS P 1784 SW FRONTAGE VAIL CO 81657	<u>0979 Cottonwood Pass Rd.</u> <u>Gypsum, Co 81637</u>
WEBER, ARLETTE J 1784 SW FRONTAGE VAIL CO 81657	<u>0979 Cottonwood Pass Rd.</u> <u>Gypsum Co 81637</u>

Address of Principal Place of Business

Street _____

City _____ State _____ Zip _____

SIGNATURE

Under penalties of perjury and as an authorized officer, I declare that this biennial report and, if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

BY Thomas P. Weber
Authorized Agent

TITLE Pres. DATE 3-4 19 96

☐ NOTE: DO NOT USE THIS BOX IF THIS IS YOUR FIRST REPORT!!! SEE INSTRUCTIONS ON REVERSE. IF THERE ARE NO CHANGES SINCE YOUR LAST REPORT, MARK THIS BOX, SIGN ABOVE AND RETURN WITH THE FEE AND BY THE DATE DUE INDICATED ABOVE (UPPER LEFT HAND CORNER). IF YOU ARE FILING AFTER THE DATE DUE ABOVE, CONTACT THIS OFFICE FOR THE PROPER FEE. (303) 894-2251

SEE INSTRUCTIONS ON BACK

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