

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE PAID
DENVER, COLORADO
Permit No. 119

RETURN SERVICE REQUESTED

NOTICE
FAILURE TO FILE REPORT
Failure to file this card
within 60 days shall result
in administrative
dissolution/revocation

Fee \$45.00 due on or
before 01/31/2002

19931088427 DPC
STATE/COUNTRY OF INC CO

20021011463 M 8
\$ 45.00
SECRETARY OF STATE
01-16-2002 15:15:56

SKYLAND PROPERTIES, INC.
420 E CHEYENNE MOUNTAIN BLVD
COLORADO SPRINGS CO 80906

RUP1 88986



Official Business - Colorado Secretary of State

Save \$\$! E-file this report at www.sos.state.co.us/periodic-report

This is a PERIODIC REPORT made on behalf of the entity identified on the reverse side. This must be typed or, if legible, it may be hand written. Report current information for the following. Complete items 1 through 4 or this Report will be rejected. All addresses must be complete.

1. NAME OF INDIVIDUAL COMPLETING REPORT: James M. Mosbrucker

If items 2 - 4 have not changed since your last report, check here ☐. Otherwise, complete 2 - 4.

2. NAME OF ENTITY'S REGISTERED AGENT: (cannot be same entity identified on reverse)
James M. Mosbrucker (Agent for Skyland Property, Inc)

3. STREET ADDRESS OF ENTITY'S REGISTERED OFFICE (CO address only):
P.O. Box 60583 Colorado Springs, CO 80960-0583

If mail is undeliverable to this address, ALSO include a P.O. Box address: _____

4. ADDRESS OF ENTITY'S PRINCIPAL OFFICE: 420 E. Cheyenne Mtn Rd
Colorado Springs, CO 80906

Optional: 5. Additional mailing address for entity: _____

Optional: 6. Entity's e-mail address: _____

Deliver this Report to: Colorado Secretary of State, 1560 Broadway, Ste 200, Denver CO 80202-5111 with the fee stated on reverse, payable to: Colorado Secretary of State. A peel-off mailing label is provided. This report must be received (not postmarked) on or before the due date stated on the reverse side. For more information, call 303-894-2251, fax 303-894-2242, e-mail sos.business@state.co.us, or visit our Web site, www.sos.state.co.us and view existing information.

No Signature Required

Form 7.90.501.1 revised 1