

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

FEE \$ 45.00  
ON OR BEFORE  
DATE DUE 07/31/1999 8-19-99  
REPORT YEAR 1999

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

THIS FORM MUST BE TYPED

MAILING DATE 05/31/1999

INFORMATION BELOW IS ON FILE IN THIS OFFICE - DO NOT CHANGE PRE-PRINTED INFORMATION  
CORPORATE NAME REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE & ZIP

19971019910 DNC STATE/COUNTRY OF INC CO  
PRENDERGAST BARRY GERARD  
FAMILY SERVICES COLORADO, INC.  
415 KARSH DR  
LONGMONT CO 80501

FOR OFFICE USE ONLY  
**REJECTED**  
19991118351 M  
\$ 45.00  
SECRETARY OF STATE  
06-22-1999 12:28:06  
FIRST REPORT OR CORRECTIONS IN THIS COLUMN

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 ZIP  
CO

OFFICERS NAME AND ADDRESS	TITLE
BARRY GERARD PRENDERGAST 415 KARSH DRIVE LONGMONT CO 80502	PRESIDENT
NAOMI SUSAN PRENDERGAST	SECRETARY
BARRY GERARD PRENDERGAST	TREASURER

19991140871 M \$ 45.00 SECRETARY OF STATE 07-27-1999 16:18:22
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DIRECTORS OR LIMITED LIABILITY COMPANY MANAGERS
BARRY GERARD PRENDERGAST

(If you have less than 3 shareholders, you may list less than 3 directors)

Address of Principal Place of Business  
Street 415 KARSH DRIVE  
City LONGMONT State CO Zip 80501

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 [Signature] Authorized Agent  
TITLE President / Treasurer DATE June 1st 1999

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