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PERIODIC REPORT

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REW

FAMILY SERVICES COLORADO, INC.
PRENDERGAST BARRY GERARD
415 KARSH DR
LONGMONT CO 80501

001 00001



PERIODIC REPORT made pursuant to § 7-90-501, C.R.S., on behalf of the entity identified on the reverse side. This Report must be typed or, if legible, it may be manually printed. Execution (a signature) is not required. Report current information for the following items. No director, officer or any other information is required.

1. Name of individual completing Report: Barry Prendegast
2. Name of entity's Registered Agent: "
3. Street Address of entity's Registered Office (must be in Colorado): 415, Karsh Dr. Longmont CO 80501 if mail is undeliverable to this address, ALSO include a P.O. Box address: PO Box 193, Longmont CO 80502
4. Address of entity's Principal Office: PO Box 193, Longmont CO 80502

Optional: 5. Additional mailing address for entity: _____

Optional: 6. Entity's e-mail address: office@familyservices.org

If more space is required for any item, continue on an attached 8½ x 11 sheet and check here ☐. Deliver this Report to: Colorado Secretary of State, 1560 Broadway, Ste 200, Denver CO 80202-5169, with the fee stated on the reverse side, 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

Form 7-90-501.1 revised 12/11/2000