

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 FEB 27 PM 3:58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # 844753 (4)**  
1. Corporation Name  
**R A F FINANCIAL CORPORATION**

Principal Place of Business  
**ONE NORWEST CENTER  
1700 LINCOLN ST. 32ND FL  
DENVER CO 80203  
US**

Mailing Address  
**ONE NORWEST CENTER  
1700 LINCOLN ST. 32ND FL  
DENVER CO 80203  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/05/1979** 3a. Date of Last Report **02/04/1994**

4. FEI Number **84-0678189** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 **ONE NORWEST CENTER**  
27 Suite, Apt. #, etc.  
28 **1700 Lincoln St., 32nd Fl**  
29 City & State  
30 **Denver, CO**  
31 Zip  
32 **80203-4532**  
33 Country  
34 **USA**

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title of applicant) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE **VS**  
NAME **MCMAHAN, MARSHA**  
STREET ADDRESS **ONE NORWEST CENTER, 1700 LINCOLN ST, 32, FL**  
CITY-ST-ZIP **DENVER CO**

TITLE **PD**  
NAME **FITZNER, ROBERT A, JR**  
STREET ADDRESS **ONE NORWEST CTR., 1700 LINCOLN, 32, FL**  
CITY-ST-ZIP **DENVER CO**

TITLE **VT**  
NAME **MIZER, HARVEY**  
STREET ADDRESS **ONE NORWEST CENTER, 1700 LINCOLN ST, 32, FL**  
CITY-ST-ZIP **DENVER CO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **One Norwest Ctr., 1700 Lincoln St, 32 Fl**  
1.4 CITY-ST-ZIP **Denver, CO 80203-4532**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **Denver, CO 80203-4532**  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME **Arlene M. Wilson**  
3.3 STREET ADDRESS **One Norwest Ctr., 1700 Lincoln St, 32 Fl**  
3.4 CITY-ST-ZIP **Denver, CO 80203-4532**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: **Marsha L. McMahan** VP/Secy. **02/08/95** (303) 860-1700  
(Signature, typed or printed name of signing officer or director) (Date) (Telephone Number)