

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPO! Filing Period: January 1 - M (FORM MUST BE TYPED OR PRI	farch 1 • Filin		RT FOR THE YEA	AR2005	<u>.                                    </u>	
1 Gorponite ID No.	2. Name of Corporation	<u></u>			<del></del> ·	
110396	WINDSOR MINI	ERALS, INC.				
3 Street Address Principal Business 345 Inverness Dri		0	Centennial	State CO	21p 80112	
4. Business Phone No.		5. State of Incorporation	n -	<u> </u>	6. SIC Code	
303-643-0400		VERMONT			1719	
7. Brief Description of the Character MINES, PROCESSES A	of Business Conducted in AND SELLS THE MIN	Rhode Island ERAL TALC.				
8. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Jon M. Godla			Ralph W. Gode	<u> </u>		
Street Address	ivo Couth #24	10	Street Address	Duise Coulb #21	0	
3345 Inverness Dr.	Istate	Zip	<del></del>	Drive South, #31		
Centennial	co	80112	City Centennial Treasurer Name	State CO	80112	
Roger L. Smith			Roger L. Smith	h		
Street Address	· · · · · ·		Street Address	·•		
345 Inverness Driv	ve South, #310	)	345 Inverness	Drive South, #31	0	
City	State	Zip	City	State	Zip	
Centennial	co	80112	Centennial	ω	80112	
9. NAMES AND ADDRESSES	OF THE DIRECTOR	RS: ("X" BOX FOR A	I <i>TTACHMENT)</i>     FILL I	N SPACES BEFORE USIN	G ATTACHMENTS	
Director Name			Director Name			
Jon M. Godla			Ralph W. Gode	<u> </u>		
345 Inverness Dri	ze South #310	1	345 Inverness Drive South, #310  City State Zib			
City	State	Zip				
Centennial	CO	80112	Centennial	co	80112	
Director Name	. <del> </del>		Director Name			
Roger L. Smith			None			
Sirver Address 345 Inverness Driv	ve South, #310	)	Street Address			
City	State	Zip	Cuy	State	Ζφ	
Centennial	\co	80112				
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACH	4ENT) □	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
50,000 COMM \$1.00 PAR V	ALUE		50	Common	\$1.00	
	<u> </u>				<del></del>	
This report must be s	signed in ink by cith	er the President, Vice	President, Secretary, Assista	ant Secretary, Treasurer, R	ecciver or Trustee	
			•	•		
		BIJA BIKI IBBI				
		B				
		[	Under penalty of ne	rjury. I declare and affirm tha	t I have examined this cone	
	<u>*110396</u>	<u>3*</u>		npanying schedules and state		
	<del>-</del>	]	contained herein are			
File Date 2-14-	05	1	-# n	mith.	2/10/15	
			Signature of Officer		Date	
Check No. <u>660109</u>	مك		Da-a 7 O :	: 4h		
. Ca			Roger L. Sm: Print or Type Name o		-	
Ву:			Secretary	v -w		
FOR SECRETARY OF STATE USE ONLY			Title of Officer			
<del>.</del>	<del></del>	_	rine, oj Officer			



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Street Providence, RI 02903-1335 401.222.3040

Corporations Division

PROFIT CORPOI Filing Period: January 1 - M (FORM MUST BE TYPED OR PRI)	farch 1 • Filin		FOR THE YEA	R2004		
1. Corporate ID No. 110396	2. Name of Corporation WINDSOR MINERALS, INC.					
3. Street Address Principal Business Office 345 Inverness Drive South, #310			Centennial	State CO	<sup>2:p</sup> 80112	
4. Business Phone No 303-643-0400  5. State of Incorporation VERMONT		6 SIC Code				
7 Brief Description of the Character MINES, PROCESSES A	NO SELLS THE MINE	RAL TALC.				
8. NAMES AND ADDRESSES President Name D. Harris	OF THE OFFICERS	("X" BOX FOR ATTA	Vice President Name S.J. Mauney	PACES BEFORE USING	ATTACHMENTS	
Stree Address 345 Inverness Driv	ve South, #310		Street Address 345 Inverness D	rive South, #310	)	
<sub>Ciry</sub> Centennial	State CO	80112	Ciry Centennial	State CO	<sup>Zip</sup> 80112	
Secretary Name R.L. Smith			Treasurer Name None			
Street Address 345 Inverness Driv	ve South, #310	•	Street Address			
<sub>City</sub> Centennial	State CO	<sup>Zip</sup> 80112	City	State	Zip	
9. NAMES AND ADDRESSES  Director Name  D. Harris	OF THE DIRECTOR	IS: ("X" BOX FOR AT	TACHMENT)   FILL IN    Director Name   S.J. Mauney	SPACES BEFORE USIN	G ATTACHMENTS	
Since Address 345 Inverness Driv	ve South, #310		345 Inverness Drive South, #310			
<sub>Cily</sub> Centennial	State CO	80112	Cuy Centennial	State CO	21p 80112	
Director Name R.L. Smith	· · · · · · · · · · · · · · · · · · ·		Director Name			
Sired Address 345 Inverness Dri	ve South, #310		Street Address			
Cuy Centennial	State	80112	City	State	Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Scries	Par Value	
50,000 COMM \$1.00 PAR VALUE			50	Соптоп	\$1.00	
<u> </u>					i	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 1 0 3 9 6 *
File Date	2/24/84
Check No.	6000 7435
Ву:	CD
	FOR SECRETARY OF STATE USE ONLY

including any accompanying so	lare and affirm that I have examined this rep chedules and statements, and that all stateme
contained horein are true and c	Astect.
Signature of Officer	Feb. 23, 2004
	Duit
R.L. Smith  Print or Type Name of Officer	
., , , , ,	
Secretary Title of Officer	



### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

	· · · · · · · · · · · · · · · · · · ·	-			
FORM MUST BE TYPED OR P. 1. Garparate ID No.	RINTED IN BLACK)  2. Name of Corpora	stio <b>n</b>			<b>'</b>
110396	•	MINERALS, INC.			
3. Street Address Principal Busi 9000 E. Nichol	ness Office		<i>cuy</i> Englewood	State CO	zip 80112
4 Business Phone No. 303-643-0400		5 State of Incorporat VERMONT			6. SIC Code
7. Brief Description of the Char Talc Mining and					
8. NAMES AND ADDI President Name	RESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
D. Harris Street Address			S.J. Mauney Street Address		
9000 E. Nichol:	s Avenue		9000 E. Nicho	ls Avenue	
Englewood	CO CO	80112	cnv Englewood	State CO	21p 80112
R.L. Smith			Treasurer Name R.L. Smith		
Street Address 9000 E. Nichol:	s Avenue		Street Address 9000 E. Nicho	ls Avenue	
Englewood	State CO	<sup>2</sup> 19 80112	Englewood	State CO	zip 80112
9. NAMES AND ADDE Duector Name D. Harris	RESSES OF THE DIR	ECTORS (*x* box for .	ATTACHMENT) FILL IN SPAC Director Name S.J. Mauney	ES BEFORE USING ATI	ACHMENTS
street Address 9000 E. Nichols	s Avenue		Street Address 9000 E. Nichol	s Avenue	
Atv	State	Zip	City	State	Zip
Englewood Director Name	CO	80112	Englewood  Director Name	CO	80112
R.L. Smith  Greet Address  9000 E. Nichols	: Avenue		Street Address		
Englewood	State CO	zip 80112	City	State	Zip
10. SHARES AUTHORI NUTHORIZED SHARES	ZED ("X" BOX FOR AIT		11. SHARES ISSUED ( ISSUED SHARES	(*X* BOX FOR ATTACHMEN	T)
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
50,000 COMM \$1.00 PA	AR VALUE		50	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 1 0 3 9 6 *
File Date	2/25/03
Check No	00004067
Br	2
OR SECRETARY OF	STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Common

Signature of Officer

R.L. Smith
Print or Type Name of Officer

Secretary Title of Officer

-£-75≥ 5

Farm 630 12/02

\$1.00



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Filing Period: Janua	ry 1-March 1 •	ANNUAL KE     Filing Fee: \$50.00	PORI FOR IH	E YEAR 2002	PLEA INST R
FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No.	2. Name of Cospor	atian			(=
110396		MINERALS, INC.			
3. Street Address Principal Busine			City	State	Zip
9000 E. Nichols	s Avenue		Englewood	CO	80112
4. Business Phone No.		5. State of Incorporation	· ·		6. SIC Code
303-643-0400		VERMONT			
7. Brief Description of the Charac					
Mining, Benefic	ation & Sale	of Talc			
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACE	HMENT) FILL IN SPACES	BEFORE USING ATTACH!	MENTS
President Name			Vice President Name		
D.D. Harris			R.J. Buettner		
Street Address			Street Address		
9000 E. Nichols	Avenue		9000 E. Nichol	s Avenue	
City	State	Zip	City	State	Zip
Englewood	CO	80112	Englewood	CO	80112
Secretary Name	, ,		Treasurer Name		•
R.L. Smith			R.L. Smith		
Street Address			Street Address		
9000 E. Nichols	Avenue		9000 E. Nichol	s Avenue	
City	State	Zip	City	State	Zip
Englewood	CO	80112	Englewood	CO	80112
	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATTAC	HMENTS
Director Name			Director Name		
R.J. Buettner			R.L. Smith		
Street Address	•		Street Address		
9000 E. Nichols	Avenue		9000 E. Nicho	ls Avenue	
City	State	Zip	City	State	Zip
Englewood	CO	80112	Englewood	CO	80112
Director Name			Director Name	•	•
D.D. Harris					
Street Address	•		Street Address		
9000 E. Nichols					
City	State	Zip	City	State	Zip
Englewood	СО	80112			
10. SHARES AUTHORIZE	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHANES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
50,000 COMM \$1.00 PAR	RVALUE		40,750	Common	\$100.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	3-8.02	
Check No.:	217947	
Bv:	2_	
FOR SECRETARY	OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all spatements contained herein are true and correct.

Signature of Officer

R.L. Smith

Print or Type Name of Officer

Secretary Title of Officer

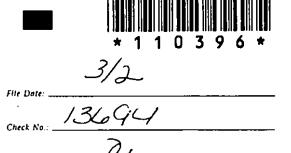
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No. 110396	<sup>2</sup> Windsor Mi	NERALS, INC.			
3. Street Address Principi	ni Business Office		City	State	Zip
	9000 E. Nichols Av	enue	Englewood	CO	80112
4. Business Phone No.	303-643-0400	S VERNONT	,		6. SIC Code
7. Bilef Description of th	e Character of Business Conducted in	Rhode Island			
	Mining, Beneficati	on & Sale of Ta	alc		
B. NAMES AND A	DDRESSES OF THE OFFIC	ERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
President Name	•		Vice President Name		
	R.J. Meli		R.J. Buettner		
Street Address			Street Address		
	900 E. Nichols Ave	enue	9000 E. Nichol	s Avenue	
City	State	Zip	City	State	Zip
Englewood	d CO	80112	Englewood	CO	80112
Secretary Name			Treasurer Name		
	Roger L. Smith		Roger L. Smith		
Street Address	0000 E N4-1-1- 4-		Street Address	s Avanua	
Ole.	9000 E. Nichols Av	•	9000 E. Nichol	State	Z.Ip
City Englewood	CO	zip 80112	Englewood .	CO	80112
-	ADDRESSES OF THE DIRE		<u> </u>	S BEFORE USING ATT	
Director Name	IDDRESSES OF THE DIRE	CIORS (X BOX TON X)	Director Name	S DEFORE COM (C)	
	R.J. Meli		R.J. Buettner		
Street Address			Street Address		
	9000 E. Nichols Av	enue	: 9000 E. Nichols	Avenue	
City	State	Zip	City	State	Zip
Englewood	. CO	80112	Englewood	CO	80112
Director Name	•		Director Name	•	
	Roger L. Smith				
Street Address			Street Address		
	9000 E. Nichols Av			<u> </u>	
City	State	Zip	City	State	Zip
Englewood	CO	80112			_,
	HORIZED ("X" BOX FOR ATTA	СНМЕНТ)	11. SHARES ISSUED (*	X* BOX FOR ATTACHMEN	17
AUTHORIZED SHARES	Class (Sailes	Par Value	LISTUFED SHARES	Class/Series	Par Value
Number of Shares	Class/Series N \$1.00 PAR VALUE	rar vaine	Number of Shares	Cimba/ Series	thi sout
Juyuuu cuni	A CIACO INN TALUE		40,750	Common	100.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

W.M. Higgins
Print or Type Name of Officer

Tax Officer

Title of Officer