03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 29 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005285

1. Entity Name

ALASKA SEABOARD INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
323 FIFTH STREET	323 FIFTH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EUREKA, CALIFORNIA	City & State: EUREKA, CALIFORNIA
Zip: 95501 Country: USA	Zip: 95501 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 72-1299529 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET, SUITE 105

City: TALLAHASSEE **FL** Zip Code: 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	Robin P. Arkley II
STREET ADDRESS	323 Fifth Street
CITY-ST-ZIP	Eureka, CA 95501
TITLE	EVP
NAME	Jack J. Mendheim
STREET ADDRESS	3050 Westfork Drive
CITY-ST-ZIP	Baton Rouge, LA 70816
TITLE	SVP
NAME	Allan Grushkin
STREET ADDRESS	323 Fifth Street
CITY-ST-ZIP	Eureka, CA 95501
TITLE	VP
NAME	Sandra Austin
STREET ADDRESS	323 Fifth Street
CITY-ST-ZIP	Eureka, CA 95501
TITLE	
NAME	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Allan Grushkin, Sr. VP 04/28/03 800-603-0836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/30