

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P29397 (7)**  
 1. Corporation Name  
**COOK INLET REGION, INC.**



Principal Place of Business <b>CIRI BUILDING, 2525 'C' ST.                  P. O. BOX 93330                  ANCHORAGE AK 99509-3330</b>	Mailing Address <b>CIRI BUILDING, 2525 'C' ST.                  P. O. BOX 93330                  ANCHORAGE AK 99509-3330</b>
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3. Date Incorporated or Qualified <b>05/17/1990</b>	3a. Date of Last Report <b>09/25/1996</b>
4. FEI Number <b>92-0042304</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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**9. Name and Address of Current Registered Agent**

**ALTMAN, STUART H**  
**100 SE 2ND ST., #17TH FLOOR**  
**MIAMI FL 33131**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>CD</b>	<input type="checkbox"/>
NAME	<b>HUENDORF, ROY M.</b>	
STREET ADDRESS	<b>2525 'C' ST.</b>	
CITY-ST-ZIP	<b>ANCHORAGE AK</b>	
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>MARRS, CARL H.</b>	
STREET ADDRESS	<b>2525 'C' ST.</b>	
CITY-ST-ZIP	<b>ANCHORAGE AK</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>ENGLISH, WILLIAM D</b>	
STREET ADDRESS	<b>2525 'C' ST.</b>	
CITY-ST-ZIP	<b>ANCHORAGE AK</b>	
TITLE	<b>VDC</b>	<input type="checkbox"/>
NAME	<b>PROSSER, WILLIAM C</b>	
STREET ADDRESS	<b>2525 'C' ST.</b>	
CITY-ST-ZIP	<b>ANCHORAGE AK</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>MCGEE, KIRK S</b>	
STREET ADDRESS	<b>2525 'C' ST.</b>	
CITY-ST-ZIP	<b>ANCHORAGE AK</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>DONATELLI, BARBARA</b>	
STREET ADDRESS	<b>2525 'C' ST.</b>	
CITY-ST-ZIP	<b>ANCHORAGE AK</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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 address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)

# Cook Inlet Region, Inc.

## Officers

<u>Title</u>	<u>Name</u>	<u>Address</u>
President/CEO	Carl H. Marrs	2525 C Street #500, Anchorage, AK 99503
Vice President	Gerald G. Booth	2525 C Street #500, Anchorage, AK 99503
Vice President	Barbara Donatelli	2525 C Street #500, Anchorage, AK 99503
Vice President	Craig Floerchinger	2525 C Street #500, Anchorage, AK 99503
Vice President	Kirk S. McGee	2525 C Street #500, Anchorage, AK 99503
Vice President	Mark W. Kroloff	2525 C Street #500, Anchorage, AK 99503

## Directors

Chairman Emeritus	John N. Colberg	2525 C Street #500, Anchorage, AK 99503
Chairman	Roy M. Huhndorf	2525 C Street #500, Anchorage, AK 99503
Vice Chairman	William C. Prosser	2525 C Street #500, Anchorage, AK 99503
Secretary	B. Agnes Brown	2525 C Street #500, Anchorage, AK 99503
Treasurer	William D. English	2525 C Street #500, Anchorage, AK 99503
Director	Charles G. Anderson	2525 C Street #500, Anchorage, AK 99503
Director	Gerald G. Brown	2525 C Street #500, Anchorage, AK 99503
Director	Allan R. Chase, Sr.	2525 C Street #500, Anchorage, AK 99503
Director	Gosta E. Dagg	2525 C Street #500, Anchorage, AK 99503
Director	A. Debbie Fullenwider	2525 C Street #500, Anchorage, AK 99503
Director	Robert N. Woodhead	2525 C Street #500, Anchorage, AK 99503
Director	Patrick M. Marrs	2525 C Street #500, Anchorage, AK 99503
Director	Emil Notti	2525 C Street #500, Anchorage, AK 99503
Director	Robert W. Rude	2525 C Street #500, Anchorage, AK 99503
Director	Clare Swan	2525 C Street #500, Anchorage, AK 99503