

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90150 042 \*\*\*150.00

DOCUMENT # P98000001568 ✓  
1. Entity Name  
ALYESKA TECHNICAL SERVICES INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 204

Box 204

City & State

City & State

GIRDWOOD, ALASKA

GIRDWOOD, ALASKA

Zip

Country

Zip

Country

99587

USA

99587

USA

4. FEI Number

59-3486474

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MICHAEL P MULCHARY

Street Address (P.O. Box Number is Not Acceptable)

2725 McMICHAEL ROAD

City

SAINT CLOUD, FL FL

Zip Code

34769

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.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT</u>
NAME	<u>MICHAEL MULCHARY</u>
STREET ADDRESS	<u>Box 204</u>
CITY - ST - ZIP	<u>GIRDWOOD, ALASKA 99587</u>

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Signature and typed or printed name of signing officer or director

4/20/2002 (407) 733-1116

Date

Daytime Phone #

CR2E034B (12/01)