
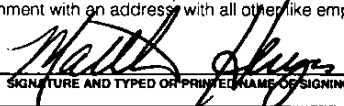


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90001 032 ***550.00

DOCUMENT # F01000005871					
1. Entity Name CHUGACH SUPPORT SERVICES, INC.					
Principal Place of Business 560 EAST 34TH STREET, SUITE 100 ANCHORAGE, AK 99503			Mailing Address 560 EAST 34TH STREET, SUITE 100 ANCHORAGE, AK 99503		
2. Principal Place of Business - No P.O. Box # 3800 Centerpoint Dr		3. Mailing Address 3800 Centerpoint Dr			
Suite, Apt. #, etc. Ste 601		Suite, Apt. #, etc. Ste 601 Legal Dept			
City & State Anchorage, AK		City & State Anchorage, AK			
Zip 99503		Country USA		Zip 99503	
Country USA		Country USA			
4. FEI Number 92-0156802			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME DAVIS, SCOTT		<input type="checkbox"/> Delete		
STREET ADDRESS 560 E. 34TH AVE	CITY-ST-ZIP ANCHORAGE, AK 99503		TITLE Matt Hayes <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 560 E. 34TH AVE	CITY-ST-ZIP ANCHORAGE, AK 99503		STREET ADDRESS 3800 Centerpoint Dr Ste 601		
CITY-ST-ZIP ANCHORAGE, AK 99503	CITY-ST-ZIP ANCHORAGE, AK 99503		CITY-ST-ZIP Anchorage, AK 99503		
TITLE STD	NAME ROEHL, ROY		<input type="checkbox"/> Delete		
STREET ADDRESS 844 SKYLINE DRIVE	CITY-ST-ZIP FAIRBANKS, AK 99712		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 844 SKYLINE DRIVE	CITY-ST-ZIP FAIRBANKS, AK 99712		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP FAIRBANKS, AK 99712	CITY-ST-ZIP FAIRBANKS, AK 99712		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE C	NAME ESPE, ROSEMARY M		<input type="checkbox"/> Delete		
STREET ADDRESS 23405 HUMBER LANE	CITY-ST-ZIP EDMONDS, WA 98020		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 23405 HUMBER LANE	CITY-ST-ZIP EDMONDS, WA 98020		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP EDMONDS, WA 98020	CITY-ST-ZIP EDMONDS, WA 98020		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME AKERLUND, ROXANNE		<input type="checkbox"/> Delete		
STREET ADDRESS 1110 25TH ST NE	CITY-ST-ZIP LAKE STEVENS, WA 98258		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 1110 25TH ST NE	CITY-ST-ZIP LAKE STEVENS, WA 98258		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP LAKE STEVENS, WA 98258	CITY-ST-ZIP LAKE STEVENS, WA 98258		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			2-Sep-08 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			907-563-8866 Daytime Phone #		