

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90111 022 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 92-0156802

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WESTERMAN, ROBERT**
STREET ADDRESS **560 E 34TH SUITE 100**
CITY-ST-ZIP **ANCHORAGE AK 99503**

TITLE **Sec./Treas./Director** ☒ Change ☒ Addition
NAME **Garv Kompkoff**
STREET ADDRESS **PO Box 170**
CITY-ST-ZIP **Tatitlek, AK 99677**

TITLE **STD** ☒ Delete
NAME **SCHANZENBACH, PAUL F**
STREET ADDRESS **560 E 34TH SUITE 100**
CITY-ST-ZIP **TATITLEK AK 99677**

TITLE **Assist. Secretary** ☒ Change ☒ Addition
NAME **Paul F. Schanzenbach**
STREET ADDRESS **560 E. 34th, Suite 100**
CITY-ST-ZIP **Anchorage, AK 99503**

TITLE **CD** ☒ Delete
NAME **PLATT, DONNA**
STREET ADDRESS **560 E 34TH SUITE 300**
CITY-ST-ZIP **ANCHORAGE AK 99502**

TITLE **Chair** ☒ Change ☒ Addition
NAME **Rosemary Marchell Espe**
STREET ADDRESS **23405 Humber Lane**
CITY-ST-ZIP **Edmonds, WA 98020**

TITLE **D** ☒ Delete
NAME **KOMPKOFF, GARY**
STREET ADDRESS **103 HILLSIDE DR**
CITY-ST-ZIP **TATITLEK AK 99677**

TITLE **Director** ☒ Change ☒ Addition
NAME **Roy Roehl**
STREET ADDRESS **HC 63 Box 501**
CITY-ST-ZIP **Winslow, AZ 86047**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **RED**

3/1/03

907-563-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)