


FILED
Feb 25, 2005 8:00 am
Secretary of State

50019331

DOCUMENT # F03000005063				02-25-2005 90157 020 ***150.00	
1. Entity Name HOUSTON CONTRACTING COMPANY-ALASKA, LTD. COMPANY					
Principal Place of Business 3900 C ST. STE. 602 ANCHORAGE, AK 99503-5968		Mailing Address 9145 FASSET ST. SW OLYMPIA, WA 98512		5001933	
2. Principal Place of Business		3. Mailing Address 3900 C Street Suite, Apt. #, etc. Suite 602		02172005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite 602			
City & State		City & State Anchorage, AK		4. FEI Number 92-0113047	
Zip		Zip 99503		Applied For Not Applicable	
Country		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 PD <input type="checkbox"/> Delete NAME CHRISTIAN, WARREN STREET ADDRESS 3900 C ST. STE. 602 CITY-ST-ZIP ANCHORAGE, AK 995035968			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SVP <input type="checkbox"/> Delete NAME BLASINGAME, WADE A STREET ADDRESS 3900 C ST. STE. 602 CITY-ST-ZIP ANCHORAGE, AK 995035968			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input checked="" type="checkbox"/> Delete NAME KENDALL, ALVY D STREET ADDRESS 9145 FASSETT ST SW CITY-ST-ZIP OLYMPIA, WA 98512			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME WOOD, RANDY STREET ADDRESS 3319 INDUSTRIAL WAY CITY-ST-ZIP FAIRBANKS, AK 99503			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME EGGER, PATRICK S STREET ADDRESS 3900 C ST. STE. 602 CITY-ST-ZIP ANCHORAGE, AK 995035968			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ST <input type="checkbox"/> Delete NAME BURROWS, DON STREET ADDRESS 3900 C ST. STE. 602 CITY-ST-ZIP ANCHORAGE, AK 995035968			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Wade Blasingame</u> <u>Wade Blasingame</u> S.A. V.P. 2-17-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					