

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005585

FILED
Jul 08, 2008
Secretary of State

Entity Name: BROOKS RANGE CONTRACT SERVICES, INC.

Current Principal Place of Business:

1603 COLLEGE ROAD
FAIRBANKS, AK 99709

New Principal Place of Business:

Current Mailing Address:

1603 COLLEGE ROAD
FAIRBANKS, AK 99709

New Mailing Address:

FEI Number: 92-0167748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FATZER, LARRY
801 N FLORIDA AVE
STE 622
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: QUINLAN, CHUCK CEO
Address: 1603 COLLEGE ROAD
City-St-Zip: FAIRBANKS, AK 99709

Title: P () Delete
Name: SAM, GERALD
Address: 801 D STREET
City-St-Zip: FAIRBANKS, AK 99701

Title: VP () Delete
Name: SIMON, JULIA
Address: PO BOX 28
City-St-Zip: ALLAKAKET, AK 99720

Title: S () Delete
Name: BROWN, HAROLD
Address: 505 KENTSHIRE DR
City-St-Zip: FAIRBANKS, AK 99709

Title: T () Delete
Name: SIMON, CHRISTOPHER
Address: 360 LOUISE LANE
City-St-Zip: FAIRBANKS, AK 99709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: QUINLAN, CHUCK CEO
Address: 1603 COLLEGE ROAD
City-St-Zip: FAIRBANKS, AK 99709

Title: MR (X) Change () Addition
Name: SAM, GERALD PRES
Address: 801 D STREET
City-St-Zip: FAIRBANKS, AK 99701

Title: MS (X) Change () Addition
Name: SIMON, JULIA VP
Address: PO BOX 28
City-St-Zip: ALLAKAKET, AK 99720

Title: MR (X) Change () Addition
Name: BROWN, HAROLD SEC
Address: 505 KENTSHIRE DR
City-St-Zip: FAIRBANKS, AK 99709

Title: MR (X) Change () Addition
Name: SIMON, CHRISTOPHER TREAS
Address: 360 LOUISE LANE
City-St-Zip: FAIRBANKS, AK 99709

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN LAYCOCK

CFO

07/08/2008

Electronic Signature of Signing Officer or Director

_____ Date