

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005585

FILED  
Jun 18, 2009  
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:

GOODIN, JOHNNY  
801 N FLORIDA AVE  
STE 622  
TAMPA, FL 33602 US

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: JOHNNY GOODIN

06/18/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MS (X) Change ( ) Addition  
Name: SAM, RON VP  
Address: PO BOX 25  
City-St-Zip: ALLAKAKET, AK 99720

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

06/18/2009

Electronic Signature of Signing Officer or Director

Date