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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Chugach Government Services, Inc. (Name of Corporation)
DOCUMENT NUMBER: F10000000652
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Attn: Lynn Thompson-Legal Dept.
(Name of Person)
Chugach Alaska Corporation
(Firm/Company)
3800 Centerpoint Drive, Ste.#700
(Address)
Anchorage, Alaska 99503
(City/State and Zip code)
For further information concerning this matter, please call:
Lynn Thompson at (907) 550-4112
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:
\$\begin{align*} \\$35 \text{ Filing Fee } & \Bar{43.75 \text{ Filing Fee } & 43.75 \text{ Filin
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tailahassee, FL.32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Chugach Government Services, Inc.
(Name of Corporation)
F1000000652
(Document Number of Corporation (if known)
Alaska
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby coluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during he time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
en de la companya de
Attn: Lynn Thompson-Legal Dept- 3800 Centerpoint Dr. Ste #700
(Mailing Address)
Anchorage, AK 99503
$\frac{\text{(City/ State /Zip)}}{\text{(City/ State /Zip)}}$
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
Augusta of a first parcial by a color of the hands of a 1/17/2013 (Date)
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
Angela Astle Executive VP of Parent Company
(Typed or printed name of person signing) (Title of person signing) Chugach Alaska Corporation

FILING FEE \$35