

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000519 (8)

1. Corporation Name

ASRC CONTRACTING COMPANY, INC.



Principal Place of Business

Mailing Address

SUITE 101
10293 ROCKINGHAM DRIVE
SACRAMENTO CA 95827

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10293 ROCKINGHAM DRIVE
SACRAMENTO CA 95827

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

94-3125292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block of registered agent and not applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

ASSISTANT SECRETARY ☐ Change ☒ Addition

NAME ASH, JOE D
STREET ADDRESS 10293 ROCKINGHAM DRIVE, SUITE 101
CITY-STATE-ZIP SACRAMENTO CA

1.2 NAME

ROBERT A. BODEM

TITLE ☐ DELETE

1.4 CITY-STATE-ZIP

10293 ROCKINGHAM DRIVE STE 101
SACRAMENTO, CA 95827

NAME SD
STREET ADDRESS 301 ARTIC SLOPE AVENUE
CITY-STATE-ZIP ANCHORAGE AK 99516

2.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME

NAME BAGNE, CONRAD
STREET ADDRESS 301 ARTIC SLOPE AVENUE
CITY-STATE-ZIP ANCHORAGE AK

2.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE

NAME D
STREET ADDRESS 301 ARTIC SLOPE AVENUE
CITY-STATE-ZIP ANCHORAGE AK

3.2 NAME

☐ Change ☐ Addition

TITLE ☐ DELETE

3.3 STREET ADDRESS

NAME ITTA-LEE, BRENDA
STREET ADDRESS 1230 AGVIK STREET
CITY-STATE-ZIP BARROW AK

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE

Signature of Robert A. Bodem

ROBERT A. BODEM

1/22/96

(916) 363-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)