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**Feb 18 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

**SUITE 101
10293 ROCKINGHAM DRIVE
SACRAMENTO CA 95827-2521**

3. Date Incorporated or Qualified 02/02/1994	3a. Date of Last Report 02/23/1996
4. FEI Number 94-3125292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3033 GOLD CANAL DRIVE	2a. Mailing Address 26 3033 GOLD CANAL DRIVE
22 Suite, Apt. #, etc. STE 100	27 Suite, Apt. #, etc. STE 100
23 City & State RANCHO CORDOVA, CA	28 City & State RANCHO CORDOVA, CA
24 Zip 95670	25 Country
29 Zip 95670	30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ASH, JOE D	
STREET ADDRESS	10293 ROCKINGHAM DRIVE, SUITE 101	
CITY-ST-ZIP	SACRAMENTO CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAGNE, CONRAD	
STREET ADDRESS	301 ARTIC SLOPE AVENUE	
CITY-ST-ZIP	ANCHORAGE AK 99516	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAGNE, CONRAD	
STREET ADDRESS	301 ARTIC SLOPE AVENUE	
CITY-ST-ZIP	ANCHORAGE AK	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOTTS, JAMES	
STREET ADDRESS	301 ARTIC SLOPE AVENUE	
CITY-ST-ZIP	ANCHORAGE AK 99516	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ITTA-LEE, BRENDA	
STREET ADDRESS	1230 AGVIK STREET	
CITY-ST-ZIP	BARROW AK	
TITLE	ASS	<input type="checkbox"/> DELETE
NAME	BODEM, ROBERT A	
STREET ADDRESS	10293 ROCKINGHAM DRIVE STE 101	
CITY-ST-ZIP	SACRAMENTO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3033 GOLD CANAL DRIVE
1.4 CITY-ST-ZIP	RANCHO CORDOVA, CA 95670
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	3033 GOLD CANAL DRIVE
6.4 CITY-ST-ZIP	RANCHO CORDOVA, CA 95670

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Robert A. Bodem* **ROBERT A. BODEM** 2/3/97 (916) 363-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)