

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000590 (8)**

1. Corporation Name
CASM, INC.



Principal Place of Business Mailing Address
5475 TECH CENTER DR. SUITE 210 COLORADO SPRINGS CO 80919

3. Date Incorporated or Qualified **02/03/1995** 3a. Date of Last Report
4. FEI Number **92-0134879** 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**
7. 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. City & State 28. City & State
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 name of registered agent and their applicant

(NOTE: Registered Agent signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **P**
STREET ADDRESS **BILLS, ROBERT P**
CITY-STATE-ZIP **1120 POINT OF THE PINES DR. COLORADO SPRINGS CO 80919**

TITLE DELETE
NAME **V**
STREET ADDRESS **HOOPER, WILLIAM C**
CITY-STATE-ZIP **8530 SMOKY FALLS CT. COLORADO SPRINGS CO 80920**

TITLE DELETE
NAME **ST**
STREET ADDRESS **PERRY, MADELINE S**
CITY-STATE-ZIP **2130 WESTMORELAND COLORADO SPRINGS CO 80907**

TITLE DELETE
NAME **V**
STREET ADDRESS **DOAN, RODNEY E**
CITY-STATE-ZIP **1145 ALLEGHENY DR. COLORADO SPRINGS CO 80919**

TITLE DELETE
NAME **D**
STREET ADDRESS **MERCULIEF, BORIS**
CITY-STATE-ZIP **630 W. 47TH, #B ANCHORAGE AK 99503**

TITLE DELETE
NAME **D**
STREET ADDRESS **ARTERBURN, WILLIAM**
CITY-STATE-ZIP **P.O. BOX 1117 N/A WILLOW AK 99608**

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition

V
NAME **MARY C. DAVIS**
STREET ADDRESS **5185 BLACK SQUIRREL RUN**
CITY-STATE-ZIP **LITTLETON, CO 80125**

ST
NAME **BARBARA ROPER**
STREET ADDRESS **PO BOX 4234**
CITY-STATE-ZIP **SOLDOTNA, AK 99669 "N/A"**

D
NAME **CAROL S.IITH**
STREET ADDRESS **3548 CARPENTER CIRCLE**
CITY-STATE-ZIP **ANCHORAGE, AK 99517**

D
NAME **BRUCE GRAHAM**
STREET ADDRESS **2019 SARATOGA AVE**
CITY-STATE-ZIP **ANCHORAGE, AK 99517**

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(719)531-9090

CR2E034 (12/95)