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May 08 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 # **F95000000590 (8)**

1. Corporation Name
CASM, INC.



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

Mailing Address
**5475 TECH CENTER DR.
SUITE 210
COLORADO SPRINGS CO 80919-2337**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **DAVIS, MARY C.**
CITY-ST-ZIP **5185 BLACK SQUIRREL RUN
LITTLETON CO**

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **ROPER, BARBARA**
CITY-ST-ZIP **PO BOX 4234 N/A
SOLDOTNA AK**

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

CR2E034 (9/96)