

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT ~ 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # F95000000590 (8)**  
 1. Corporation Name  
**CASM, INC.**



Principal Place of Business <b>5475 TECH CENTER DR. SUITE 210 COLORADO SPRINGS CO 80919</b>	Mailing Address <b>5475 TECH CENTER DR. SUITE 210 COLORADO SPRINGS CO 80919</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5520 TECH CENTER DR</b> Suite, Apt #, etc	2a. Mailing Address 26 <b>5520 TECH CENTER CR</b> Suite, Apt #, etc
22 City & State 23 <b>COLORADO SPRINGS</b>	27 City & State 28 <b>COLORADO SPRINGS</b>
24 <b>80919</b> 25 Country	29 <b>80919</b> 30 Country

3. Date Incorporated or Qualified <b>02/03/1995</b>	4. FEI Number <b>92-0134879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BILLS, ROBERT P</b>	
STREET ADDRESS	<b>1120 POINT OF THE PINES DR.</b>	
CITY-ST-ZIP	<b>COLORADO SPRINGS CO 80919</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVIS, MARY C.</b>	
STREET ADDRESS	<b>5185 BLACK SQUIRREL RUN</b>	
CITY-ST-ZIP	<b>LITTLETON CO</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROPER, BARBARA</b>	
STREET ADDRESS	<b>PO BOX 4234 N/A</b>	
CITY-ST-ZIP	<b>SOLDOTNA AK</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DOAN, RODNEY E</b>	
STREET ADDRESS	<b>1145 ALLEGHENY DR.</b>	
CITY-ST-ZIP	<b>COLORADO SPRINGS CO 80919</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MERCULEF, BORIS</b>	
STREET ADDRESS	<b>630 W. 47TH, #B</b>	
CITY-ST-ZIP	<b>ANCHORAGE AK 99503</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ARTERBURN, WILLIAM</b>	
STREET ADDRESS	<b>P.O. BOX 1117 N/A</b>	
CITY-ST-ZIP	<b>WILLOW AK 99608</b>	

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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SVP</b>
2.3 STREET ADDRESS	<b>THOMAS, KEVIN E</b>
2.4 CITY-ST-ZIP	<b>14915 GLENN EAGLE DRIVE</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SVP</b>
3.3 STREET ADDRESS	<b>MEYERS, ROBERT</b>
3.4 CITY-ST-ZIP	<b>287 REGULUS AVENUE</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LOMPOC, CA 93436</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>PO BOX 954 N/A</b>
5.4 CITY-ST-ZIP	<b>ST. GEORGE ISLAND, AK 99507</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>P.O. BOX 1117 N/A</b>
6.4 CITY-ST-ZIP	<b>WASILLA, AK 99668</b>

14. I 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: *Sandra B. Mortham*

CR2E034 (10/97)

CONTINUED OFFICERS AND DIRECTORS

VP

LEED, DARYL  
4415 STONEHAVE DRIVE  
COLORADO SPRINGS, CO 80906

D

SMITH, CAROL  
3548 CARPENTER CIRCLE  
ANCHORAGE, AK 99517

D

ANGELA MERCULIEF  
9820 21st STREET AVE., S.W.  
SEATTLE, WA 98106

D

RON PHILMENOFF  
3900 GARAVELLE DRIVE  
ANCHORAGE, AK 99502