

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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5520 TECH CENTER DR Suite, Apt. #, etc. 22 City & State 23 COLORADO SPRINGS Zip 24 80919	2a. Mailing Address 26 5520 TECH CENTER CR Suite, Apt. #, etc. 27 City & State 28 COLORADO SPRINGS Zip 29 80919	3. Date Incorporated or Qualified 02/03/1995 4. FEI Number 92-0134879 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 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 85 Zip Code FL
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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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BILLS, ROBERT P 1120 POINT OF THE PINES DR. COLORADO SPRINGS CO 80919 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V DAVIS, MARY C. 5185 BLACK SQUIRREL RUN LITTLETON CO <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP SVP THOMAS, KEVIN E 14915 GLENN EAGLE DRIVE COLORADO SPRINGS, CO 80921 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ROPER, BARBARA PO BOX 4234 N/A SOLDOTNA AK <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP SVP MEYERS, ROBERT 287 REGULUS AVENUE LOMPOC, CA 93436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V DOAN, RODNEY E 1145 ALLEGHENY DR. COLORADO SPRINGS CO 80919 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MERCULEF, BORIS 630 W. 47TH, #B ANCHORAGE AK 99503 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP PO BOX 954 N/A ST. GEORGE ISLAND, AK 99507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ARTERBURN, WILLIAM P.O. BOX 1117 N/A WILLOW AK 99608 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP P.O. BOX 1117 N/A WASILLA, AK 99668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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