

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000590

1. Corporation Name
CASM, INC.

Principal Place of Business
5520 TECH CENTER DRIVE
COLORADO SPRINGS FL 80919
US

Mailing Address
5520 TECH CENTER CR
COLORADO SPRINGS CO 80919
US

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90244 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1995

4. FEI Number

92-0134879

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

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

TITLE SVP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
THOMS, KEVIN E
14915 GLENN EAGLE DRIVE
COLORADO SPRINGS CO 80921

TITLE SVP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
MEYERS, ROBERT
287 REGULUS AVENUE
LOMPOC CA 93436

TITLE V ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DOAN, RODNEY E
1145 ALLEGHENY DR.
COLORADO SPRINGS CO 80919

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
MERCULIEF, BORIS
POST OFFICE BOX 954
ST GEORGE ISLAND AK 99507

TITLE D ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
ARTERBURN, WILLIAM
POST OFFICE BOX 1117
WASILLA AK 99660

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

Executive Vice President
Leed, Daryl
4415 Stonehave Drive
Colorado Springs, CO 80906

Chairman of the Board
Philemonof, Ron
3900 Caravelle Drive
Anchorage, AK 99502

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 719.531.9090

CR2E034 (1/98)