

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000590

1. Entity Name
CASM, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90256 032 ***150.00

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

Mailing Address
5520 TECH CENTER CR
COLORADO SPRINGS CO 80919
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 92-0134879

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SVP
NAME YARNALL, CAROL
STREET ADDRESS 4311 PERSHING AVE
CITY-ST-ZIP ALBUQUERQUE NM 87108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP President/COO ☒ Change ☐ Addition

TITLE D
NAME MERCULIEF, ANGLEA
STREET ADDRESS 10272 47TH AVE SW
CITY-ST-ZIP SEATTLE WA 98146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JACOBSON, DICK
STREET ADDRESS P O BOX 54
CITY-ST-ZIP SAND POINT AK 99661 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE C
NAME PHILEMONOF, RON
STREET ADDRESS 3900 CARAVELLE DR.
CITY-ST-ZIP ANCHORAGE AK 99502 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Bob Berntsen
4315 SW Holgate
Seattle, WA 98116 ☐ Change ☒ Addition

13. 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 report or supplemental 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 11 or Block 12 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 #

CR2E034 (10/00)