

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

07-05-2001 90002 005 \*\*\*550.00

0603470

**DOCUMENT # F97000006152**

1. Entity Name  
**CHUGACH TELECOMMUNICATIONS & COMPUTERS INC.**

Principal Place of Business 560 E. 34TH., STE 101 ANCHORAGE AS 99503	Mailing Address 560 E. 34TH., STE 101 ANCHORAGE AS 99503
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2. Principal Place of Business Same as above	3. Mailing Address Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 92-0151334	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **N/A**

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 **N/A**

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILLIAMS, MICHAEL F</b> <b>560 E 34TH STE 101</b> <b>ANCHORAGE AS 99503</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Don Bilodeau</b> <b>P.O. Box 1478</b> <b>Dahlgren, VA 22448</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BILLS, KAY</b> <b>560 E 34TH STE 101</b> <b>ANCHORAGE AS</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec/Treas.</b> <b>Donna Platt</b> <b>560 E. 34th, Suite 300</b> <b>Anchorage, AK 99503</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BILLS, KAY</b> <b>560 E 34TH STE 101</b> <b>ANCHORAGE AS 99503</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman</b> <b>Donna Platt</b> <b>560 E. 34th, Suite 300</b> <b>Anchorage, AK 99503</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WILLIAMS, MICHAEL F</b> <b>560 E. 34TH ST- STE 101</b> <b>ANCHORAGE AK 99503</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Rose Ellis</b> <b>4201 Tudor Centre Dr.</b> <b>Anch., AK 99508</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>BLATCHFORD, EDGAR</b> <b>560 E. 34TH ST- STE 101</b> <b>ANCHORAGE AK 99503</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Rick Stevens</b> <b>560 E. 34th, Suite 300</b> <b>Anchorage, AK 99503</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** **Donna Platt, Sec/Treas.** (907) 563-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)