2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: RICKISTON AT I PE F SIGNATURE OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F97000006152						FILED Feb 17, 2002 8:00 am Secretary of State			
Principal Place of Business Mailing Address 560 E. 34TH STE 101 560 E. 34TH STE 101						ľ)UU2613K		
ANCHORAGE AS 99503 ANCHORAGE AS 99503									
2 Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Suit	e 300	Suite 300	Suite 300						
City & Star	te	City & State	, -		4.	92-0151334		pplied For lot Applicable	
Zip	p Country Zip		Country	5. Certificate of Status Desired		See Requir			
	6. Name and Address of Current Ro	egistered Agent		Vame	7. 1	Name and Address of New Re	gistered Agent		
C'T'CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324						·			
			(City			FL Zip Coo	et	
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 20 Make Check Paya	!!! FEE IS 002 Fee wil	\$150.0 I be \$5!	50.00	ainstating) 10, Election Campaign Fina Trust Fund Contribution		00 May Be	
11,	OFFICERS AND D		12.		AD	DITIONS/CHANGES TO OFFI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILODEAU, DON P.O. BOX 1478 DAHLGREN VA 22448	□ Delete	TITLE NAME STREET A CITY-ST-				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC. LATT, DONNA 60 E 34TH, SUITE 300 NCHORAGE AK 99503		TITLE NAME STREET A CITY-ST-		Sec/Treas. XX change 2 Rick Stevens 200 W 34th AK#407 Anchorage, AK#99503		Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP	D ELLIS, ROSE- 4201 TUDOR CENTER DRIVE ANCHORAGE AK 99508	☐ Delete	TITLE NAME STREET A CITY-ST-	- 1	560 E	man Platt . 34th, Suite rage, AK 99503	[X] Change	【 X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, RICK 560 E 34TH, SUITE 300 ANCHORAGE AK 99503	☐ Delete	TITLE NAME STREET A CITY-ST-	1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-	- 1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	ZIP			Change	☐ Addition	
13. I hereby of indicated of the core changed	certify that the information supplied with the on this report or supplemental report is to reporation or the receiver or trustee empower, or on an attachment with an address, with the content of the co	is filing does not qualify four and accurate and that ered to execute this report half after like empoyered	r the elemp my signature t ay required	tion state shall be by Char	ed in Section we the same ter 607, Flori	119.07(3)(i), Florida Statutes. I legal effect as if made under o da Statutes; and that my name	further certify that the ath; that I am an office appears in Block 11 c	nformation r or director or Block 12 if	