2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

F97000006152

Mailing Address

560 E. 34TH...

1. Entity Name

560 E. 34TH.

CHUGACH TELECOMMUNICATIONS & COMPUTERS INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90100 017 ***150.00

ANCHORAGE AS 99503			ANCHORAGE AS 99503									
2. Principal Place of Business 3.			3. Maili	3. Mailing Address			1		ENERGE EN			
560 E. 34th.		560 E. 34th.										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			.—	☐ CHECK HERE IF MAKING CHANGES						
			Suite 300									
City & Stat				City & State Anchorage, AK			4. F	El Number 92-0151334			pplied For ot Applicable	
Anchorage, AK Zip Country				Country					8.75 Add			
99503 USA				USA	5.		ertificate of Status Desired		ee Require			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
					Name							
C T CORP	PORATION S	SYSTEM			Stroot	Street Address (P.O. Box Number is Not Acceptable)						
1200 SOU	ith pine isi	LAND ROAD		•	Olicei	Addices (i	.0.00	ix radificer is fact Acceptable)				
PLANTATIO	ON FL 3332	4										
					City			•		Zip Code		
					City				FL	Zip Code	,	
	named entity ions of registe		the purpo	se of changing its re	gistered office	or registere	ed age	nt, or both, in the State of Floric	da. I am fa	miliar with, a	and accept	
	Signature, typed o	r printed name of registered agent ar	nd title if applic	cable. (NOTE: F	Registered Agent sign	ature required	when rein	nstating)	DATE			
After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State			•		Election Campaign Finar Trust Fund Contribution.	ncing		O May Be to Fees	
10.		OFFICERS AND D	DIRECTOR	is	11.		ADD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	3 IN 11	
TITLE	P	501		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	BILODEAU,				NAME							
	P.O. BOX 1 Dahlgren				STREET ADDRESS							
CITY-ST-ZIP		VA 22440			CITY-ST-ZIP	<u> </u>		· · .				
TITLE	CH Platt. Do	MALA		🔀 Delete	TITLE	Secr				Change	Addition	
NAME STREET ADDRESS		NNA 1, SUITE 300			NAME STREET ADDRESS			otemoff				
CITY-ST-ZIP		GE AK 99503			CITY-ST-ZIP	1100		AK 99677				
TITLE	D		 -	No Delete	TITLE -	Trea		<u> </u>		E. Change a -	- • Addition →	
NAME	ELLIS, ROS			XXI Delete	NAME			otemoff		K. J. Orlanguar	ZX.	
STREET ADDRESS		R CENTER DRIVE			STREET ADDRESS	PO B	ox 1	∖31				
CITY-ST-ZIP		GE AK 99508			CITY-ST-ZIP	Tati	tlek	k, AK 99677				
TITLE	ST			⊠ Delete	TITLE	Dire	ctor			K] Change	X Addition	
NAME	STEVENS,				NAME	David	d To	otemoff				
		H, SUITE 402			STREET ADDRESS							
CITY-ST-ZIP	ANCHORAG	SE AK 99503			CITY-ST-ZIP	Tati	tlek	k, AK 99677				
TITLE				☐ Delete	TITLE	Chai	rmar	n	:	🔀 Change	🔀 Addition	
NAME					NAME	Rose						
STREET ADDRESS CITY-ST-ZIP	1				STREET ADDRESS CITY-ST-ZIP	13420		ttle Circle			ļ	
								је, АК 99517 — —	-		17	
TITLE				☐ Delete	TITLE	Dire	ecț	or	,	Change	X Addition	
Name Street address					NAME STREET ADDRESS	KICK	ς St ₩	tevens 34th, Suite 4	.02		ļ	
CITY-ST-ZIP					CITY-ST-ZIP	1		age, AK 99503	02			
· -·						1		4901 CV 33303				

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JRParent Company Chairman

3/4/03

Daytime Phone #