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KMA Rn Change



FILING REQUEST

September 27, 2006

FLORIDA SECRETARY OF STATE

Type of Filing: _ CHANGE OF AGENT

Subject(s): ARCTIC SLOPE WORLD SERVICES, INC.

Form(s) Enclosed: STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT

Supporting Document(s):

Check Enclosed: CHECK #24302 FOR \$35.00 __

Return Via: REGULAR MAIL

Filing Method: _ ASAP

PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	· ·	7.0502, 617.0502, 607.1508, rporation organized under ti			
in orde	r to change its registered	office or registered agent, o	r both, in the State of Flo	orida.	
The name of the corporation: Arctic Slope World Services, Inc.					
2. The principal	office address: 6303 lvy	Lane, Suite 130, Greent	oelt, MD 20770	=	
3. The mailing a	ddress (if different):			· · · · · · · · · · · · · · · · · · ·	
4. Date of incorp	poration/qualification: 05	5/29/1998 Docum	nent number: F98000	0003054	
	I street address of the curr tment of State:	ent registered agent and reg			
	CT Corporation S	System		·	
	1200 South Pine	Island Road		-	
	Plantation, FL 33	324			
6. The name and (if changed):	i street address of the new	registered agent (if changed	d) and /or registered offic	SECTION SECTION	
	NRAI Services, I	nc.		80 T	
		Park Drive, Suite 4		\$ 4 E	
	Weston, FL 33	Box NOT acceptable)		FSW 9	
The street addre	ess of its registered office be identical.	e and the street address of t	he business office of its	registerer agent,	
Such change wa authorized by th	ns authorized by resolutine board, or the corporat	on duly adopted by its boar ion has been notified in wri	d of directors or by an o	fficer so	
Aug. (Signatu	At William of the or an officer or director)	Fred	H, Wisely Pres (Printed or typed name and tin	sident and CEO	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflect s been notified in writing	stered agent and agree to a sions of all statutes relative l'accept the obligation of m t a change in the registered of this change.	nct in this capacity. I to the proper and comply position as registered office address, I hereby	olete performance agent. Or, if this confirm that the	
<u> </u>	2 MWW granture of Registered Agent)		9.27.06	· · · -	
If signing on be	half of an entity:		(
Sue Johns	on, Asst. Secreta	ry	•	· · · · · · · · · · · · · · · · · · ·	
	Typed or Printed Name)		the second second second	· ·	

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)