

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000557

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: THE CHENEGA CORPORATION

**Current Principal Place of Business:**

3000 C STREET  
SUITE 301  
ANCHORAGE, AK 99503

**New Principal Place of Business:**

**Current Mailing Address:**

3000 C STREET  
SUITE 301  
ANCHORAGE, AK 99503

**New Mailing Address:**

FEI Number: 92-0047563      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: TOTEMOFF, CHARLES W  
Address: 3000 C STREET SUITE 301  
City-St-Zip: ANCHORAGE, AK 99503

Title: ST ( ) Delete  
Name: SELANOFF, PAUL T  
Address: 3000 C STREET, SUITE 301  
City-St-Zip: ANCHORAGE, AK 99503

Title: V ( ) Delete  
Name: KOMPKOFF, LLOYD  
Address: 3000 C STREET SUITE 301  
City-St-Zip: ANCHORAGE, AK 99503

Title: D ( ) Delete  
Name: KOMPKOFF, PAUL JR  
Address: 3000 C STREET SUITE 301  
City-St-Zip: ANCHORAGE, AK 99503

Title: D ( ) Delete  
Name: KOMPKOFF, JOYCE  
Address: 3000 C STREET SUITE 301  
City-St-Zip: ANCHORAGE, AK 99503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES TOTEMOFF

CP

03/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date