## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90062 014 \*\*\*150.00 DOCUMENT # F99000000809 CHUGACH MANAGEMENT SERVICES, INC. 40048313 Principal Place of Business Mailing Address 560 E. 34TH AVE. 560 E. 34TH AVE. **SUITE 105** SUITE 105 ANCHORAGE, AK 99503 ANCHORAGE, AK 99503 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 92-0142654 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE President Change ☐ Addition **D**CDelete Viramontes, Robert C. 560 E 34th Ave LYNCH, MEL NAME NAME 7621 HILLSBOROUGH LOOP STREET ADDRESS STREET ADDRESS 99503 CITY-ST-ZIP MACDILL AFB, FL 33623 CITY-ST-ZIP Anchorage AK Delete TITLE Change Addition Donna Platt PLATT, DONNA NAME NAME POBOX 110149 P.O. BOX 110149 STREET ADDRESS STREET ADDRESS 99511 ANCHORAGE, AK 99511 CITY-ST-7IP Anchorage, AK CITY-ST-ZIP TITLE ☐ Addition TITLE .Delete Change BENNETT, FRED NAME STREET ADDRESS 23505 LAKEVIEW DR APR C301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOUNTLAKE TERRACE, WA 980432852 TITLE Delete TITLE Change Addition KOMPKOFF, GARY NAME NAME STREET ADDRESS 103 HILLSIDE DRIVE STREET ADDRESS CITY-ST-7/P TATITLEK, AK 99677 CITY-ST-7IP Recording Secretary **X** Addition TITLE ☐ Defete TITLE Change NAME NAME Cara Davis 560 E 34th Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accorate 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 the empowered.

3-16-07

(907) 261~0442

Daytime Phone #

FILED