

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000809

FILED
Feb 16, 2009
Secretary of State

Entity Name: CHUGACH MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

3800 CENTERPOINT DR
STE 601
ANCHORAGE, AK 99503

New Principal Place of Business:

Current Mailing Address:

3800 CENTERPOINT DR
STE 601 LEGAL DEPT
ANCHORAGE, AK 99503

New Mailing Address:

FEI Number: 92-0142654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: FENZA, DANIEL W
Address: 3800 CENTERPOINT DR., STE 601
City-St-Zip: ANCHORAGE, AK 99503

Title: C () Delete
Name: PLATT, DONNA
Address: P.O. BOX 110149
City-St-Zip: ANCHORAGE, AK 99511

Title: ST () Delete
Name: BENNETT, FRED
Address: 23505 LAKEVIEW DR APR C301
City-St-Zip: MOUNTLAKE TERRACE, WA 980432852

Title: RS () Delete
Name: DAVIS, CARA
Address: 560 E 34TH AVE
City-St-Zip: ANCHORAGE, AK 99503

Title: D (X) Delete
Name: KVASNIKOFF, JAMES
Address: P.O. BOX 8006
City-St-Zip: NANWALEK, AK 99603

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: D (X) Change () Addition
Name: KVASNIFOKK, JAMES
Address: PO BOX 8006
City-St-Zip: NANWALEK, AK 99603

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: DANIEL FENZA

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date