2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addre

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

FILED Apr 04, 2000 8:00 am Secretary of State DOCUMENT # F9900001374 HOUSTON CONTRACTING COMPANY - ALASKA LTD., INC. 04-04-2000 90033 020 ***150.00 Mailing Address Principal Place of Business 6700 ARCTIC SPUR ROAD 6700 ARCTIC SPUR ROAD ANCHORAGE AK 99518 ANCHORAGE AK 99518-1550 2. Principal Place of Business 3. Mailing Address 6700 ALCTIC SPUR Rd. 6700 ARETIC SPUR Rd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 92-0113047 AL AK ANCHORAGE ANCHORAGE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 99518 -1550 99518-1550 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE **ELIASON, SCOTT** NAME NAME STREET ADDRESS STREET ADDRESS 6700 ARCTIC SPUR ROAD CITY-ST-ZIP CITY-ST-ZIP ANCHORAGE AK Change ☐ Addition TITLE ☐ Delete TITLE ABBAS, GARY NAME NAME STREET ADDRESS STREET ADDRESS 6700 ARCTIC SPUR ROAD CITY-ST-ZIP CITY-ST-ZIP ANCHORAGE AK ☐ Addition ☐ Detete TITLE ☐ Change TITLE OSBORN, DANIEL NAME NAME STREET ADDRESS 6700 ARCTIC SPUR ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANCHORAGE AK ☐ Defete TITLE Change ☐ Addition TITLE OSBORN, TOBY NAME NAME STREET ADDRESS STREET ADDRESS 6700 ARCTIC SPUR ROAD CITY-ST-ZIP CITY-ST-ZIP ANCHORAGE AK ☐ Delete TITLE Change ☐ Addition TITLE WEST, KRISTY NAME MAME 6700 ARCTIC SPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANCHORAGE AK ☐ Delete TITLE Change ☐ Addition TITLE HOPSON, CHARLES G NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 406 N/A CITY-ST-ZIP CITY-ST-ZIP **BARROW AK** 13. I hereby 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 approved to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

e empowered.

SIGNING OFFICER OR DIRECTOR