

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000961

1. Entity Name
CHUGACH SYSTEMS INTEGRATION, LLC

Principal Place of Business

560 EAST 34TH. SUITE 200
ANCHORAGE AK 99503

Mailing Address

560 EAST 34TH. SUITE 200
ANCHORAGE AK 99503

2. Principal Place of Business

560 E. 34th

3. Mailing Address

560 E. 34th

Suite Apt. #, etc.

Suite 200

Suite Apt. #, etc.

Suite 200

City & State

Anchorage, AK 99503

City & State

Anchorage, AK 99503

Zip

99503

Country

USA

Zip

99503

Country

USE

4. FEI Number

92-0168673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Geraldine Cole, Administrative Officer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE Administrative Officer ☐ Delete
NAME Geraldine Cole (Mgmt. Committee
STREET ADDRESS 560 E. 34th Suite 200
CITY-ST-ZIP Anchorage, AK 99503

TITLE Management Committee ☐ Delete
NAME William Carney
STREET ADDRESS 17102 Spates Hill Road
CITY-ST-ZIP Poolesville, MD 20837

TITLE Management Committee ☐ Delete
NAME Steve Schultz
STREET ADDRESS 1235 Jefferson Davis Hwy, Ste 200
CITY-ST-ZIP Arlington, VA 22202

TITLE Member Rep. Committee ☐ Delete
NAME Sheri Buretta
STREET ADDRESS 560 E. 34th, Suite 300
CITY-ST-ZIP Anchorage, AK 99503

TITLE Member Rep. Committee ☐ Delete
NAME David Totemoff
STREET ADDRESS P.O. Box 874964
CITY-ST-ZIP Wasilla, AK 99687

TITLE Member Rep. Committee ☐ Delete
NAME Rosemary Marchell Espe
STREET ADDRESS 23405 Humber Lane
CITY-ST-ZIP Edmonds, WA 98020-7691

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400003742504--4
STREET ADDRESS -02/20/01-01028--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Geraldine Cole, Administrative Officer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0031249 AB

CR2E083 (11/00)

FILED

01 FEB 14 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

