## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am <sup>8</sup> Secretary of State DOCUMENT # M0000000961 1. Entity Name 01-30-2002 90108 017 \*\*\*\*50.00 CHUGACH SYSTEMS INTEGRATION, LLC Principal Place of Business Mailing Address 560 EAST 34TH, SUITE 200 560 EAST 34TH, SUITE 200 ANCHORAGE AK 99503 ANCHORAGE AK 99503 3. Mailing Address 2. Principal Place of Business 560 E. 34th 560 E 34th Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite (300) Suite (300) City & State City & State 4. FEI Number Applied For 92-0168673 Anchorage, AK Anchorage, Not Applicable Country Zip 99503 <sup>Zip</sup>99503 Country USA \$5.00 Additional 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW!!! FEE IS \$50.00** Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Managing Member/Owner Addition TITLE AO. X Delete TITLE Chugach Alaska Corporation 560 E. 34th, Suite 300 NAME NAME COLE, GERALDINE STREET ADDRESS STREET ADDRESS 560 E. 34TH SUITE 200 Anchorage, AK 99503 CITY-ST-ZIP CITY-ST-ZIP **ANCHORAGE AK 99503** Delete TITLE ☐ Change ☐ Addition MGR TITLE NAME CARNEY, WILLIAM NAME STREET ADDRESS STREET ADDRESS 17102 SPATES HILL RD. CITY-ST-ZIP CITY-ST-ZIP POOLESVILLE MD 20837 ☐ Change ☐ Addition MGR TITLE X Delete TITLE NAME SCHULTZ, STEVE NAME STREET ADDRESS STREET ADDRESS 1235 JEFFERSON DAVIS HWY, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP ARLINGTON VA 22202 Addition Change MEM Delete TITLE TITLE BURETTA, SHERI NAME NAME STREET ADDRESS STREET ADDRESS 560 E. 34TH SUITE 300 CITY-ST-ZIP CITY-ST-ZIP **ANCHORAGE AK 99503** Addition ☐ Change X Delete TITLE TOTEMOFF, DAVID NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 874964 CITY-ST-ZIP CITY-ST-ZIP WASILLA AK 99687 X Delete TITLE Change ☐ Addition TITLE NAME MARCHELL, ROSEMARY NAME STREET ADDRESS STREET ADDRESS 23405 HUMBER LANE CITY-ST-ZIP CITY-ST-ZIP EDMONDS WA 98020-7691

11. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

<u>(907) 563-8866</u>

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE