

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90076 041 ****50.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
92-0168673

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

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

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. 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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **CHUGACH, ALASKA CORP**
STREET ADDRESS **560 E 34TH STE 300**
CITY-ST-ZIP **ANCHORAGE, AK 99503**

TITLE **P** ☐ Delete
NAME **COLE, JERRY**
STREET ADDRESS **560 E 34TH STE 300**
CITY-ST-ZIP **ANCHORAGE, AK 99503**

TITLE **ST** ☒ Delete
NAME **MARCEHLL ESPE, ROSEMARY**
STREET ADDRESS **23405 HUMBER LANE**
CITY-ST-ZIP **EDMONDS, WA 98020**

TITLE **C** ☒ Delete
NAME **TOTEMOFF, DAVID**
STREET ADDRESS **P.O. BOX 131**
CITY-ST-ZIP **TATITLEK, AK 99677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE **P** ☒ Change ☐ Addition
NAME **Cole, Geraldine**
STREET ADDRESS **560 E: 34th Ave.**
CITY-ST-ZIP **Anchorage, AK. 99503**

TITLE **S/T** ☐ Change ☒ Addition
NAME **Platt, Donna**
STREET ADDRESS **P.O. Box 110149**
CITY-ST-ZIP **Anchorage, AK. 99511**

TITLE **C** ☐ Change ☒ Addition
NAME **Blatchford, Edgar**
STREET ADDRESS **P.O. Box 1344**
CITY-ST-ZIP **Seward, AK. 99664**

TITLE **D** ☐ Change ☒ Addition
NAME **Meganack, Seraphim**
STREET ADDRESS **P.O. Box 5533**
CITY-ST-ZIP **Port Graham, AK. 99603**

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:

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

4/23/04

(907) 261-0349