FILED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000961

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

CHUGAC	H SYSTEMS INTEGRATION,	пс			03-31-2003 9000	J4 U28 ******5U	.00
Principal Place of Business		Mailing Address	Mailing Address				
560 EAST 34TH. SUITE 1300 ANCHORAGE AK 99503		560 EAST 34TH, SUITE 1300 ANCHORAGE AK 99503					
2. Principal Place of Business		3. Mailing Address					
560 E. 34th, Suite 200 Suite, Apt. #, etc.		560 E. 34th, Suite 200 Suite, Apt. #, etc.			EL CHECK HERE IE MAKINO ORANICEO		
Suite 200		Suite 200			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEIN	lumber 92-0168673	<u> </u>	pplied For
Anchorage, AK Zip Country		Anchorage, AK Zip Country					ot Applicable
Zip 995	03 USA	99503	USA	5. Certi	ficate of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Nam	e and Address of New Regist	ered Agent.	
C T CORPORATION SYSTEM				Name			
	O SOUTH PINE ISLAND ROAD		Street A	et Address (P.O. Box Number is Not Acceptable)			
PLA	NTATION FL 33324						
			City				.
				FL Zip Code			
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or	registered agent,	or both, in the State of Florida.	I am familiar with,	and accept
-	aona orregiaterea agent.	•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signat	ure required when reinstati	ng)	DATE	
-		FILE NOV	V!!! FEE IS \$	50.00			
Make Check Payable to Fig. Due By Make				partment of Sta	te		[
9.	MANAGING MEMBE	ERS/MANAGERS	10.		ADDITIONS/CHA	NGES	
TITLE	MGRM	☐ Delete	TITLE	President	-	☐ Change	Addition
NAME			NAME		Jerry Cole		}
STREET ADDRESS 560 E 34TH STE 300 CITY-ST-ZIP ANCHORAGE AK 99503			STREET ADDRESS CITY-ST-ZIP		th, Suite 300 e, AK <u>99</u> 503		Ì
TITLE	ANOHORAGE AN 33303	☐ Delete	TITLE	Sec./Trea		☐ Change	XX Addition
NAME	l /		NAME	Rosemary Marcehll Espe		AA Manion	
STREET ADDRESS			STREET ADDRESS	23405 Hun	ber Lane		1
CITY-ST-ZIP			CITY-ST-ZIP	Edmonds,	WA 98020		
TITLE NAME			TITLE	Chair	nair Change Addit		Addition
STREET ADDRESS			NAME Street Address	PO Box 13	avid Totemoff O Box:131		
CITY-ST-ZIP			CITY-ST-ZIP		AK 99677		
TITLE		☐ Delete	TITLE		··	☐ Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP				}
TITLE			TITLE			☐ Change	Addition
NAME		CT Delete	NAME			CT Originate	
STREET ADDRESS			STREET ADDRESS				ĺ

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

907, 261-8349

☐ Change

☐ Addition