

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000247

1. Entity Name

CHENEGA TECHNICAL PRODUCTS, LLC

Principal Place of Business

1509 ST ANDREWS BLVD.  
PANAMA CITY FL 32405

Mailing Address

1509 ST ANDREWS BLVD.  
PANAMA CITY FL 32405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 JAN 29 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

92-0165935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, EVERETT

1509 ST. ANDREWS BOULEVARD

PANAMA CITY FL 32405

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.

SIGNATURE

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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM  
CHENEGA CORPORATION  
STREET ADDRESS 4000 OLD SEWARD HIGHWAY, SUITE 101  
CITY-ST-ZIP ANCHORAGE AK 99503

Member ☐ Change ☒ Addition  
Piquini Management Corporation  
STREET ADDRESS 6613 Brayton Drive  
CITY-ST-ZIP Anchorage, Alaska 99507

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
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: *Charles W. Mattemoff* **REQUIRED**

President 01/16/01 907.277.5706

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

Date

Daytime Phone #

CR2E083 (11/00)