

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002174

**Entity Name:** DOYON GOVERNMENT CONTRACTING, INC.**Current Principal Place of Business:**33810 WEYERHAUSER WAY S SUITE 100  
FEDERAL WAY, WA 98001**Current Mailing Address:**33810 WEYERHAUSER WAY S SUITE 100  
FEDERAL WAY, WA 98001**FEI Number: 77-0603845****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	FATE, JENNIFER
Address	11500 C ST SUITE 150
City-State-Zip:	ANCHORAGE AK 99515

Title	D
Name	LINCOLN, GEORGIANNA
Address	11500 C ST SUITE 150
City-State-Zip:	ANCHORAGE AK 99515

Title	D
Name	NICHOLAS, VICTOR
Address	11500 C ST SUITE 150
City-State-Zip:	ANCHORAGE AK 99515

Title	D
Name	SILAS, CHERYL
Address	11500 C ST SUITE 150
City-State-Zip:	ANCHORAGE AK 99515

Title	D
Name	SIMON, CHRIS
Address	11500 C ST SUITE 150
City-State-Zip:	ANCHORAGE AK 99515

Title	D
Name	WRIGHT, MIRANDA
Address	11500 C ST SUITE 150
City-State-Zip:	ANCHORAGE AK 99515

Title	PARENT
Name	DOYON LIMITED
Address	ONE DOYON PLANCE SUITE 300
City-State-Zip:	FAIRBANKS AK 99709

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DENISE BARWICK****TAX MANAGER****04/17/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date