

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007325

Entity Name: TYONEK SERVICES GROUP, INC.

Current Principal Place of Business:

1689 C STREET #219
ANCHORAGE, AK 99501-5131

Current Mailing Address:

1689 C STREET #219
ANCHORAGE, AK 99501-5131

FEI Number: 20-1603684

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 DIRECTOR
Name STANDIFER, JAISON
Address 1689 C STREET #219
City-State-Zip: ANCHORAGE AK 99501-5131

Title DIRECTOR
Name WILLIFORD, SHARON
Address 1689 C STREET #219
City-State-Zip: ANCHORAGE AK 99501-5131

Title DIRECTOR, SECRETARY,
TREASURER
Name MCCORD, EMIL J
Address 1689 C STREET #219
City-State-Zip: ANCHORAGE AK 99501-5131

Title VP
Name MASON, SUSAN
Address 1689 C STREET #219
City-State-Zip: ANCHORAGE AK 99501-5131

Title CEO
Name HOFFMAN, JAMES
Address 1689 C STREET #219
City-State-Zip: ANCHORAGE AK 99501-5131

Title CFO
Name CHANDLER, SUZANNE
Address 1689 C STREET #219
City-State-Zip: ANCHORAGE AK 99501-5131

Title ASST. SECRETARY, ASST.
TREASURER
Name CASTEEL, ALICIA
Address 1689 C STREET #219
City-State-Zip: ANCHORAGE AK 99501-5131

Title PRESIDENT
Name MATHEW, JOHN
Address 1689 C STREET #219
City-State-Zip: ANCHORAGE AK 99501-5131

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: JOHN MATHEW

PRESIDENT

02/08/2016

Electronic Signature of Signing Officer/Director Detail

Date