

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004831

Entity Name: KONIAG SERVICES, INC.

FILED
Apr 26, 2011
Secretary of State

Current Principal Place of Business:

4300 B ST., SUITE 408
ANCHORAGE, AK 99503

New Principal Place of Business:

Current Mailing Address:

4300 B ST., SUITE 408
ANCHORAGE, AK 99503

New Mailing Address:

FEI Number: 92-0152228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C
Name: PANAMAROFF, THOMAS H
Address: 4300 B ST., SUITE 408
City-St-Zip: ANCHORAGE, AK 99503

Title: S
Name: ARGETSINGER, DON
Address: 4300 B ST., SUITE 408
City-St-Zip: ANCHORAGE, AK 99503

Title: P
Name: LETTS, STEVE
Address: 4100 LAFAYETTE CENTER DR., STE 110
City-St-Zip: CHANTILLY, VA 201511234

Title: AS
Name: LUKIN, DEBRA
Address: 4300 B ST., SUITE 408
City-St-Zip: ANCHORAGE, AK 99503

Title: T
Name: ERICKSON, JAMES
Address: 4300 B ST., SUITE 408
City-St-Zip: ANCHORAGE, AK 99503

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: DEBRA LUKIN

AS

04/26/2011

Electronic Signature of Signing Officer or Director

_____ Date