### 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000005404

### Entity Name: TYONEK NATIVE CORPORATION

### **Current Principal Place of Business:**

1689 C ST, STE 219 ANCHORAGE, AK 99501

### **Current Mailing Address:**

1689 C ST, STE 219 ANCHORAGE, AK 99501

## FEI Number: 92-0047626

### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD 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

### Officer/Director Detail :

Title	DIRECTOR, PRESIDENT	Title	DIRECTOR
Name	STEPHAN, MICHAELENE	Name	MCCORD, EMIL J
Address	1689 C ST, STE 219	Address	1689 C ST, STE 219
City-State-Zip:	ANCHORAGE AK 99501	City-State-Zip:	ANCHORAGE AK 99501
Title Name Address City-State-Zip:	DIRECTOR, ASST. SECRETARY, ASST. TREASURER STEPHAN, CHARLENE 1689 C ST, STE 219 ANCHORAGE AK 99501	Title Name Address City-State-Zip:	DIRECTOR, VP WILLIFORD, SHARON 1689 C ST, STE 219 ANCHORAGE AK 99501
Title Name Address City-State-Zip: Title Name Address City-State-Zip:	DIRECTOR STANDIFER, JAISON 1689 C ST, STE 219 ANCHORAGE AK 99501 DIRECTOR, TREASURER STEPHAN, BILLY 1689 C ST, STE 219 ANCHORAGE AK 99501	Title Name Address City-State-Zip: Title Name Address City-State-Zip:	DIRECTOR, CHAIRMAN STEPHAN, ROBERT SR. 1689 C ST, STE 219 ANCHORAGE AK 99501 CEO BARLOW, LEO 1689 C ST, STE 219 ANCHORAGE AK 99501
		Continues on page 2	

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.

CEO

03/29/2018 Date

Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 29, 2018 Secretary of State CC1502729027

Certificate of Status Desired: No

# **Officer/Director Detail Continued :**

Title	DIRECTOR, SECRETARY	Title	DIRECTOR, VC
Name	CONSTANTINE, ANGIE	Name	KROTO, CASSANDRA
Address	1689 C ST, STE 219	Address	1689 C ST, STE 219
City-State-Zip:	ANCHORAGE AK 99501	City-State-Zip:	ANCHORAGE AK 99501