

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000005404

**FILED**  
**Jan 17, 2019**  
**Secretary of State**  
**6375248437CC**

**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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name MCCORD, EMIL J  
Address 1689 C ST, STE 219  
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR, CHAIRMAN  
Name WILLIFORD, SHARON  
Address 1689 C ST, STE 219  
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR, SECRETARY,  
TREASURER  
Name STANDIFER, JAISON  
Address 1689 C ST, STE 219  
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR  
Name STEPHAN, ROBERT SR.  
Address 1689 C ST, STE 219  
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR, VC  
Name STEPHAN, BILLY  
Address 1689 C ST, STE 219  
City-State-Zip: ANCHORAGE AK 99501

Title CEO  
Name BARLOW, LEO  
Address 1689 C ST, STE 219  
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR, VP, ASST. SECRETARY,  
ASST. TREASURER  
Name CONSTANTINE, ANGIE  
Address 1689 C ST, STE 219  
City-State-Zip: ANCHORAGE AK 99501

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*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:** LEO BARLOW

**CEO**

**01/17/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STANDIFER, SR., DONALD  
Address 1689 C ST, STE 219  
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR  
Name STEPHAN, MICHAELENE  
Address 1689 C ST, STE 219  
City-State-Zip: ANCHORAGE AK 99501