

Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing **Corporations Section** PO Box 110808 Juneau AK 99811-0808

STATEMENT OF CHANGE

Registered Agent or Registered Agent Address

Pursuant to Alaska Statutes the undersigned entity submits the following statement for the purpose of changing its registered agent or the registered agent address in the State of Alaska.

1. Name of Entity:			Alaska Entity #:		
The Ted Stevens Foundation			70044D		
The registered agent business in Alaska.	must be an individual A corporation my not a	resident of Al act as its own	aska or a corporation in agent. The registered	good standin agent addres	g authorized to transact ss must be in Alaska.
2. Prior Registered	Agent Information:	· · · · · · · · · · · · · · · · · · ·			
Name:	Edith Opinksy				
Mailing Address:	1221 R Street		City: Anchorage	State: AK	Zip Code: 99501
Physical Address if Mailing Address is a Post Office Box:					
3. New Registered A	Agent Information:				
Name:	Edith Opinksy				
Mailing Address:	c/o 701 W. Eighth Avenue		City: Anchorage	State: AK	Zip Code: 99501
Physical Address if Mailing Address is a Post Office Box:					
	if this is also the pri	ncipal office a	address for the entity	shown above).
4. Authorization:					
Date this change was authorized:		October 16, 2006			
This change was authorized by (check appropriate box)		☐ Resolution of the board of directors (Corporation) ☐ A member (Limited Liability Company) ☐ General Partner (Limited Partnership or Limited Liability Partnership)			
The president or vi	ce president of the c	orporation, a	member of a limited li	iability comp	any, or a general partner
of a limited partnership or limited liability partnership Signature of Authorized Person			Title	illerit.	Date
TA .			President		12/13/06
			is filing, you are strongly the \$25.00 fee (in U.S.		onsult an attorney or other

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Juneau, AK 99811

For additional information or forms please visit our web site at: \

State of Alaska Filing Changes 1 Page(s)



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