

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90428 001 \*\*\*150.00

**DOCUMENT # 837469**

1. Entity Name  
**SONIC INDUSTRIES INC.**



Principal Place of Business  
**101 PARK AVENUE  
OKLAHOMA CITY OK 73102  
US**

Mailing Address  
**101 PARK AVENUE  
OKLAHOMA CITY OK 73102  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **73-0950743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>P</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>MOORE, PATTY L</b>         |                                 |
| STREET ADDRESS | <b>101 PARK AVENUE</b>        |                                 |
| CITY-ST-ZIP    | <b>OKLAHOMA CITY OK 73102</b> |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>HUDSON, CLIFFORD</b>       |                                 |
| STREET ADDRESS | <b>101 PARK AVENUE</b>        |                                 |
| CITY-ST-ZIP    | <b>OKLAHOMA CITY OK 73102</b> |                                 |
| TITLE          | <b>VS</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>MATLOCK, RONALD L.</b>     |                                 |
| STREET ADDRESS | <b>101 PARK AVENUE</b>        |                                 |
| CITY-ST-ZIP    | <b>OKLAHOMA CITY OK 73102</b> |                                 |
| TITLE          | <b>V</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>MCLAIN, W. SCOTT</b>       |                                 |
| STREET ADDRESS | <b>101 PARK AVENUE</b>        |                                 |
| CITY-ST-ZIP    | <b>OKLAHOMA CITY OK 73102</b> |                                 |
| TITLE          | <b>T</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>VAUGHAN, STEPHEN C</b>     |                                 |
| STREET ADDRESS | <b>101 PARK AVE</b>           |                                 |
| CITY-ST-ZIP    | <b>OKLAHOMA CITY OK 73102</b> |                                 |
| TITLE          | <b>AT</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>TALLEY, CHARLES</b>        |                                 |
| STREET ADDRESS | <b>101 PARK AVE</b>           |                                 |
| CITY-ST-ZIP    | <b>OKLAHOMA CITY OK 73102</b> |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ronald L. Matlock*  
**Ronald L. Matlock**  
Vice President and Secretary

2/25/03

Date

(405) 280-7654

Daytime Phone #

CR2E034 (10/02)



80043550  
837469

Direct Dial: (405)280-7514

February 25, 2003

Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Sonic Industries Inc.

Ladies and Gentlemen:

I have enclosed the Uniform Business Report for Sonic Industries Inc., along with check no. 653787 in the amount of \$150.00 to cover the filing fee. Please acknowledge receipt by returning a file stamp copy of this letter in the enclosed postage prepaid envelope.

Sincerely,

Lynda Puig,  
Legal Department

Enclosures

2003 FEB 25 PM 4:00  
TALLAHASSEE, FL 32302

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