

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

07-05-2001 90009 035 \*\*\*550.00

DOCUMENT # **843236**

1. Entity Name  
**Williams Express, INC**

*NIC  
 FLD  
 11/14/00  
 WJW*

Principal Place of Business Mailing Address

**A0075566**

2. Principal Place of Business  
**One Williams Ctr**  
 Suite, Apt. #, etc.  
**41-3**

3. Mailing Address  
**One Williams Ctr**  
 Suite, Apt. #, etc.  
**41-3**

DO NOT WRITE IN THIS SPACE

City & State  
**TULSA OK**

City & State  
**TULSA OK**

4. FEI Number  
**75-1287220**

Applied For  
 Not Applicable

Zip  
**74172**

Country  
**USA**

Zip  
**74172**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Suzanne H. Costin** **SUZANNE H. COSTIN** 6/25/01 918-573-4221  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment  
DF 843236  
A075566

WILLIAMS EXPRESS, INC. (Continued)

T  
Paul W. Nelson  
One Williams Center  
Tulsa, OK 74172

AS  
Kristen E. Cook  
One Williams Center  
Tulsa, OK 74172

AT  
~~James G. Ivey~~  
One Williams Center  
Tulsa, OK 74172

AT  
Mark W. Husband  
One Williams Center  
Tulsa, OK 74172

AS  
Barbara J. Mangrum  
One Williams Center  
Tulsa, OK 74172