

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 843236**

1. Entity Name  
 WILLIAMS EXPRESS, INC.

Principal Place of Business ONE WILLIAMS CTR 41-3 TULSA 74172 OK	Mailing Address ONE WILLIAMS CTR 41-3 TULSA 74172 OK
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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  
**75-1287220**  
 Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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      US

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 \_\_\_\_\_      07/12/2001  
Signature, typed or printed name of registered agent and title if applicable.      (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	D	<input type="checkbox"/> Delete
NAME	BAILEY KEITH E	
STREET ADDRESS	1 WILLIAMS CTR	
CITY-ST-ZIP	TULSA OK 74172	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALCOLM STEVEN J	
STREET ADDRESS	1 WILLIAMS CTR	
CITY-ST-ZIP	TULSA OK 74172	
TITLE	P	<input type="checkbox"/> Delete
NAME	MEFFORA IKE R	
STREET ADDRESS	ONE WILLIAMS CTE	
CITY-ST-ZIP	TULSA OK 74172	
TITLE	S	<input type="checkbox"/> Delete
NAME	COSTIN SUZANNE H	
STREET ADDRESS	ONE WILLIAMS CTE	
CITY-ST-ZIP	TULSA OK 74172	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEARS MICHAEL N	
STREET ADDRESS	ONE WILLIAMS CTE	
CITY-ST-ZIP	TULSA OK 74172	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HILL RALPH A	
STREET ADDRESS	ONE WILLIAMS CTE	
CITY-ST-ZIP	TULSA OK 74172	

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Suzanne H. Costin      S      07/12/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)