

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-21-2001 90377 048 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002469

1. Entity Name

Capital Land Services, Inc. @

Principal Place of Business

Mailing Address

1015 Waterwood Parkway, Ste. I
Edmond, OK 73034

2. Principal Place of Business
above

3. Mailing Address
above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 73-1244975

Applied For
Not Applicable

Zip

Country

Zip

Country

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 Systems
660 E. Jefferson Street
Tallahassee, FL 32301

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

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

(NOTE: Registered Agent signature required when necessary)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW! FEE IS \$750.00
After MAY 1, 2001 Fee will be \$850.00
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	Chairperson <input type="checkbox"/> Delete Mr. Ismael Perera 6303 Blue Lagoon Dr., Ste. 305, Miami, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Mr. Burton E. McGillivray 55 W. Monroe, 16th Fl., Chicago, IL 60670	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Mr. Paul L. Whiting, Jr. 55 W. Monroe, 16th Fl., Chicago, IL 60670	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Delete Mr. Patrick L. Adams 1015 Waterwood Hwy., Ste I, Edmond, Ok	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Delete Mr. Gary Reed 1015 Waterwood Hwy. Ste I, Edmond, Ok	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Delete Ms. Charlette Whitley 1015 Waterwood Hwy. Ste. I, Edmond, Ok	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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-01 405-348-5460

Date

Day: a Phone

CR2E034 (11/00)