


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001743 1. Entity Name TJL MANAGEMENT COMPANY, INC.	
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Principal Place of Business 10601 N. PENNSYLVANIA OKLAHOMA CITY, OK 73120	Mailing Address P.O. BOX 26210 OKLAHOMA CITY, OK 73126
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DO NOT WRITE IN THIS SPACE



01072005	No Chg-P	CR2E034 (10/03)
4. FEI Number 73-1487518	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, THOMAS E 10601 N. PENNSYLVANIA OKLAHOMA CITY, OK 73120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, JUDITH M 10601 N. PENNSYLVANIA OKLAHOMA CITY, OK 73120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOVE, GREGORY M 10601 N. PENNSYLVANIA OKLAHOMA CITY, OK 73120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV LOVE, FRANK C IV 10601 N. PENNSYLVANIA OKLAHOMA CITY, OK 73120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST STUSSI, DOUGLAS J 10601 N. PENNSYLVANIA OKLAHOMA CITY, OK 73120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PROUDFOOT, BETTY 10601 N. PENNSYLVANIA OKLAHOMA CITY, OK 73120

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01/18/05-80026-019 150.00

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: DOUGLAS J STUSSI 1-7-05 (405) 751-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #