2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F95000005373 May 18, 2000 8:00 am Secretary of State TAYLOR SCOTT ARCHITECTS, INC. 05-18-2000 90362 017 ***150.00 Principal Place of Business Mailing Address 1437 S. BOULDER SUITE 800 1437 S. BOULDER SUITE 800 TULSA OK 74119-3619 TULSA OK 74119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 73-1466773 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent .6.. Name and Address of Current Registered Agent Name WOLFE, LARRY Street Address (P.O. Box Number is Not Acceptable) 200 - A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643 Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE SCOTT. DALE H NAME NAME STREET ADDRESS 208 HICKORY HILL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAJULPA OK 74066 Change ☐ Addition ☐ Delete TITLE TITLE TAYLOR, SUZANNE J 3006 E 931d TAYLOR, SUZANNE J NAME NAME 7722 S. RIVERSIDE DRIVE APT. 308 D. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ULSA OK 74137 CITY-ST-7IP TULSA OK 74136 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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 trusted empowered to see the his 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 of the like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED ON PRIVISED NAME OF SIGNING OFFICER OR DIRECTOR

H, 27. 200 (918) 587.8600

Davtime Phone