


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000005373**  
 1. Entity Name  
**TAYLOR SCOTT ARCHITECTS, INC.**



Principal Place of Business      Mailing Address  
**1437 S. BOULDER SUITE 800**      **1437 S. BOULDER SUITE 800**  
**TULSA, OK 74119**      **TULSA, OK 74119**

**DO NOT WRITE IN THIS SPACE**



02042004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**73-1466773**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-0000**

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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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCOTT, DALE H 208 HICKORY HILL ROAD SAJULPA, OK 74066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST TAYLOR, SUZANNE J 3006 E 93RD TULSA, OK 74137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAY, HARRY P 2424 E. 21ST STREET, SUITE 200 TULSA, OK 74117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 file 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 which other filers are empowered.

SIGNATURE: \_\_\_\_\_ Date: **2.04.04** Daytime Phone #: **(918) 587-8600**