## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND

INTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # F98000004306 Jun 05, 2000 8:00 am Secretary of State 1. Entity Name CRC-KEY, INC. 06-05-2000 90033 008 \*\*\*550.00 Mailing Address Principal Place of Business PO BOX 50038 10700 E. INDEPENDENCE TULSA OK 74150-0038 TULSA OK 7416 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 73-1537870 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7." Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees **K**I (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CEO TITLE ☐ Change ☐ Addition ☐ Delete TITLE CAREY, M. TIMOTHY NAME NAME STREET ADDRESS STREET ADDRESS 11601 N. HOUSTON-ROSSLYN RD CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77086** ☐ Change ☐ Addition ☐ Delete TITLE KEY, BOB NAME STREET ADDRESS 10700 E. INDEPENDENCE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TULSA OK 7416** Change -- Addition CBDS-☐ Defete TITLE EVANS, C. PAUL NAME NAME STREET ADDRESS STREET ADDRESS 10700 E. INDEPENDENCE CITY-ST-ZIP CITY-ST-ZIP **TULSA OK 7416** ☐ Change ☐ Addition Delete TITLE TITLE FRANCIS, NORMAN NAME NAME STREET ADDRESS STREET ADDRESS 11601 N. HOUSTON-ROSSLYN RD CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77086** ☐ Delete TITLE Change ☐ Addition STEPHENS, TOMMY K NAME NAME STREET ADDRESS 10700 E. INDEPENDENCE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TULSA OK 7416** TITLE Change ☐ Addition n ☐ Delete TITLE NAME WOOD, D. DALE NAME STREET ADDRESS STREET ADDRESS 13280 NORTHWEST FREEWAY BOX F-342 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77040** 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.