

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P07754 (5)**

1. Corporation Name  
**THE BENHAM GROUP, INC.**



Principal Place of Business <b>9400 NORTH BROADWAY P. O. BOX 20400 OKLAHOMA CITY OK 73156</b>	Mailing Address <b>9400 NORTH BROADWAY P. O. BOX 20400 OKLAHOMA CITY OK 73156-0400</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/15/1985</b>	3a. Date of Last Report <b>06/21/1996</b>
21	26	4. FEI Number <b>73-1256200</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLISON, WILLIAM E.</b>	1.2 NAME	
STREET ADDRESS	<b>9400 NORTH BROADWAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKLAHOMA CITY OK</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, KENNETH A./ASST.</b>	2.2 NAME	
STREET ADDRESS	<b>9400 NORTH BROADWAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKLAHOMA CITY OK</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITMAN, S DONNELL</b>	3.2 NAME	
STREET ADDRESS	<b>5314 SOUTH YALE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TULSA OK</b>	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WICKENS, DONALD L.</b>	4.2 NAME	
STREET ADDRESS	<b>9400 N BROADWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKLAHOMA CITY OK</b>	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THORNTON, DONALD L</b>	5.2 NAME	<b>Michael J. Graves</b>
STREET ADDRESS	<b>9400 NORTH BROADWAY</b>	5.3 STREET ADDRESS	<b>9400 North Broadway</b>
CITY-ST-ZIP	<b>OKLAHOMA CITY OK</b>	5.4 CITY-ST-ZIP	<b>Oklahoma City, Ok 73156</b>
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENHAM, WEBSTER LANCE</b>	6.2 NAME	
STREET ADDRESS	<b>9400 N BROADWAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKLAHOMA CITY OK</b>	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_ **THE REQUIRED** **4-28-97 (1405) 478-5853**

CR2E034 (9/96)