

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P37767 (1)

1. Corporation Name

COBURN OPTICAL INDUSTRIES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 2:00

Principal Place of Business

4806 S. GARNETT RD.  
STE. #200  
TULSA OK 74146-5250  
US

Mailing Address

4806 S. GARNETT RD.  
STE. #200  
TULSA OK 74146-5250  
US

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>03/05/1992                                                                                                                | 3a. Date of Last Report<br>01/26/1994 |
| 4. FBI Number<br>58-1977404                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of Now Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME JEPSON, ROBERT E  
STREET ADDRESS 8 SHELLWORTH CROSSING  
CITY-ST-ZIP SAVANNAH GA 31411

TITLE P  
NAME BLOCHA, JOHN  
STREET ADDRESS 10305 S. 69TH EAST AVE.  
CITY-ST-ZIP TULSA OK

TITLE VTAS  
NAME PASCO, ROBERT J  
STREET ADDRESS 3442 E. 87TH ST.  
CITY-ST-ZIP TULSA OK

TITLE S  
NAME LANDSMAN, STEPHN A.  
STREET ADDRESS 161 CHICAGO AVE.  
CITY-ST-ZIP CHICAGO IL 60611

TITLE AS  
NAME LANGAN, JOSEPHINE  
STREET ADDRESS 2 HAZEL GLEN LANE  
CITY-ST-ZIP SAVANNAH GA 31411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 19.07(3)(b), 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 on an attachment with an address.

SIGNATURE:

*Robert J. Pasco*

ROBERT J. PASCO - VP

1/11/95

918-665-1815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature