

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90375 034 \*\*\*150.00

DOCUMENT # **P95000079252**

1. Entity Name  
**COMPAX, INC.**

Principal Place of Business: **1712 NORTHGATE BLVD. SARASOTA FL 34234**  
 Mailing Address: **1712 NORTHGATE BLVD. SARASOTA FL 34234**  
**5901 River Oaks Rd. Edmond OK 73013**  
**6644 NW 39 Expwy Bethany OK 73008**

2. Principal Place of Business: **5901 River Oaks Rd. Edmond OK 73013**  
 3. Mailing Address: **6644 NW 39 Expwy Bethany OK 73008**

City & State: **Edmond OK 73013** / **Bethany OK 73008**  
 Zip: **73013** / **73008** / Country: **USA** / **USA**

5. Name and Address of Current Registered Agent:  
~~BLOMSTER, RAINER T~~  
~~1712 NORTHGATE BLVD.~~  
~~SARASOTA FL 34234~~

7. Name and Address of New Registered Agent:  
 Name: **William G. Lambrecht**  
 Title: **Atty at Law**  
 Address: **1550 Ringling Blvd.**  
 City: **Sarasota FL 34236**

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: **William Lambrecht** / Date: **4-15-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**AFTER MAY 1, 2001, Fee WILL BE \$250.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Fund Contribution:  **(\$5.00) May be Added to Fees**

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	<b>TS BLOMSTER, RAINER T</b>	TITLE	
NAME	<b>1712 NORTHGATE BLVD.</b>	NAME	
STREET ADDRESS	<b>SARASOTA FL 34234</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DATE		DATE	
NAME	<b>BOSTIAN, RICK</b>	NAME	
STREET ADDRESS	<b>1712 NORTHGATE BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 19.07(2)(b), Florida Statutes. I further certify that the information furnished 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 holder of a management position; to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in those 11 or block 12 if changed, or on an attachment with an address, with all other like unexpired.

SIGNATURE: **[Signature]** / Date: **4-15-01** / **405 440 2002**