FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837099 (1)

1. Corporation Name

ORAL ROBERTS UNIVERSITY, INC.

Principal Place of Business	Mailing Address
ATTN: RESTRICTED ACCOUNTING 7777 S. LEWIS AVE TULSA OK 74171	ATTN: RESTRICTED ACCOUNTING 7777 S. LEWIS AVE TULSA OK 74171

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 73-0739626 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STERNS, RANDY 220 S. FRANKLIN TAMPA FL 33602	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City **FL** 35 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, ORAL	12 NAME		
STREET ADDRESS	7777 SOUTH LEWIS	13 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK 74171	14 CITY-ST-ZIP		
TITLE	T	21 TITLE	T	☒ Change ☐ Addition
NAME	ANDERSON, RICK	22 NAME	ANDERSON, F. H.	
STREET ADDRESS	7777 SOUTH LEWIS	23 STREET ADDRESS	7777 SOUTH LEWIS	
CITY-ST-ZIP	TULSA OK	24 CITY-ST-ZIP	TULSA, OK 74171	
TITLE	CD	31 TITLE		☐ Change ☐ Addition
NAME	HICKEY, MARILYN	32 NAME		
STREET ADDRESS	445 S PRATTE RIVER DR	33 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	GEUDER, JEFF	42 NAME	GEUDER, JEFFERY	
STREET ADDRESS	7777 SOUTH LEWIS	43 STREET ADDRESS	7777 SOUTH LEWIS	
CITY-ST-ZIP	TULSA OK	44 CITY-ST-ZIP	TULSA, OK 74171	
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, RICHARD	52 NAME		
STREET ADDRESS	7777 SOUTH LEWIS	53 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK 74171	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	FISHER, GEORGE	62 NAME		
STREET ADDRESS	7777 SOUTH LEWIS	63 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK	64 CITY-ST-ZIP		

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F. H. ANDERSON 1-30-95 (918) 495-6001
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

007478