2002 Uniform Business Report (UBR)

DOCUMENT #

Principal Place of Business

NORMAN OK 73069-3966

Suite, Apt. #, etc.

City & State

Zip

2424 SPRINGER DRIVE. SUITE 105

2. Principal Place of Business

NEXTEP BUSINESS SOLUTIONS, INC.

CAPITOL CORPORATE SERVICES, INC.

1333 NORTH DUVAL STREET TALLAHASSEE FL 32303

1. Entity Name

F01000005761

Mailing Address

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

2424 SPRINGER DRIVE. SUITE 105

Country

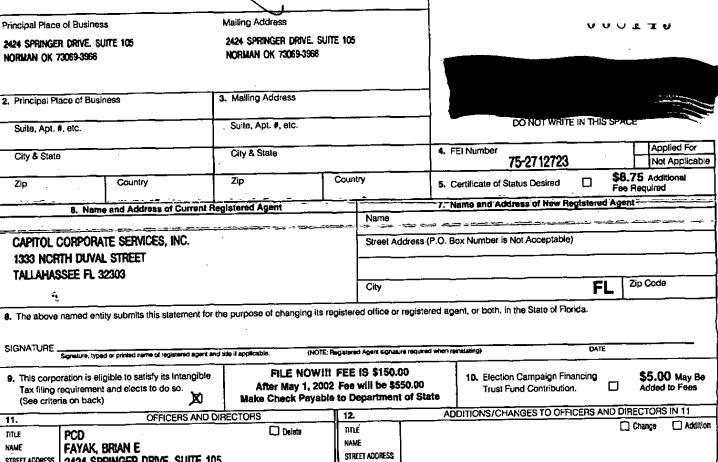
FILE NOW!!! FEE IS \$150.00

City

NORMAN OK 73069-3968

FILED May 24, 2002 8:00 am Secretary of State

05-24-2002 91326 002 ***150.00



9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		Election Campaign Financing Trust Fund Contribution.	Added to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FAYAK, BRIAN E 2424 SPRINGER DRIVE, SUITE 105 NORMAN OK 73069-3968	C.) Delate	TITLÉ NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHLENIUS, MIKE E 4002 CREEK DRIVE ROUND ROCK TX 78881	☐ Delsta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4002	CHERT DRIVE	Change	☐ Addition
TITLE NAME - STREET ADDRESS - CITY-ST-ZIP	COO IRWIN, BUCK H 2424 SPRINGER DRIVE, SUITE 105 NORMAN OK 73069-3968	☐ Delete	TITLE NAME - STREET ADDRESS: CITY-ST-ZIP	-		Change Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YORK, C. DEAN 2424 SPRINGER DRIVE, SUITE 105 NORMAN OK 73069-3966	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE ' " NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Changa	Addition

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 seport 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.

SIGNATURE:

CR2E034 (9/01