


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90244 037 ***150.00

DOCUMENT # F03000002912

1. Entity Name
WEATHER DECISION TECHNOLOGIES, INC.



Principal Place of Business Mailing Address

1818 W. LINDSEY, D-208 **1818 W. LINDSEY, D-208**
NORMAN, OK 73069 **NORMAN, OK 73069**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

54030414



04062004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
73-1563908 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

EDWARDS, MIKE
871 PEREGRINE DR.
INDIALANTIC, FL 32903

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	EILTS, MICHAEL D	
STREET ADDRESS	1818 W. LINDSEY, D-208	
CITY-ST-ZIP	NORMAN, OK 73069	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIGN, KEITH	
STREET ADDRESS	12703 W. 131ST STREET	
CITY-ST-ZIP	OVERLAND PARK, KS 66213	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, DONALD N	
STREET ADDRESS	131 W. MAIN	
CITY-ST-ZIP	PURCELL, OK 73080	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	APEL, THOMAS G	
STREET ADDRESS	2524 ARBOR CHASE	
CITY-ST-ZIP	EDMOND, OK 73013	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCIS, TOM	
STREET ADDRESS	840 RESEARCH PARKWAY SUITE 800	
CITY-ST-ZIP	OKLAHOMA CITY, OK 73104	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARLAN, MICHAEL	
STREET ADDRESS	2225 N. MAY AVE.	
CITY-ST-ZIP	OKLAHOMA CITY, OK 73107	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. Kirk Whitener D. Kirk Whitener Sr VP 4-6-2004 405-574-7675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X231