FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

600 N DAIRY ASHFORD

HOUSTON TX 77079

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

FILED Apr 22 1998 8:00am Secretary of State

1. Corporation	MENT # 815281 O COMMUNICATIONS, INC.	(1)			
Principal Place	e of Business	Mailing Address			16 Mante Manta denta 1001
600 N DAIRY ASHFORD		P O BOX 1267			
ML 3146 HOUSTON TX 77079 US		212-21 NT Ponca City Oklahoma 74802-1267 US			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 05/15/1961	
9 Principal Pl	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26 600 N. Dairy	1 Ashford	73-6091772	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	LISHIJALA		\$8.75 Additional
22		27 ML3005, To	ax Dept.	5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Houston T	<u>X</u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zp	Country	8. This corporation owes or has paid the curren	· - ·
24	25		JUSA	Personal Property Tax due June 30. 10. Name and Address of New Registered Ag	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 81				10, Italia and Address of Herr neglection Ag	7111
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					
PLANTATION FL 33324			82 Street A	Address (P.O. Box Number is Not Acceptable)	
PENTINION I E 35324			83		
*					
			84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.05.02 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 pented name of registered agent and Min if (applicable) (NOTE Registered Agent signature required when renstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	0	DELETE	1.1 1/1LE	L	Change [_] Addition
NAME	BASS, H. C.		1.2 NAME		
STREET ADDRESS	1000 S PINE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONCA, CITY	A Printer	1.4 CITY-ST-ZIP		Channa [7] Addition
TITLE	PD Stone, M B	⋈ D€FE1E	2.1 TITLE	1 1 2	Change
NAME	1000 S PINE ST		2.2 NAME	M.L. Helbach 1000 S. Pine	
STREET ADDRESS	PONCA CITY OK		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CHY-ST-ZIP 3.1 THLE	Ponca City, OK 74602	Change Addition
NAME	PENNELL, R. L.	occup	3.2 NAME		
STREET ADDRESS	1000 S. PINE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONCA CITY OK		3.4. CITY - ST - ZIP		
TITLE	Ť	DELETE	4.1 TITLE	L	Change Addition
NAME	HILL, OD		4. 2 NAME		
STREET ADDRESS	600 N DAIRY ASHFORD		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		4.4 CITY - ST - ZIP		
TITLE	VP D	☐ DELETE	5.1 TITLE	40000249629	
NAME	RILEY, R. L		5.2 NAME	-0 4 /22/9801022014	
STREET ADDRESS	600 N DAIRY ASHFORD		5 3 STREET ADDRESS	***1050 . 00	ļ
CITY-ST-ZIP	HOUSTON TX		5.4 CITY-ST-ZIP		
TITLE	8 0000 + 0	☐ DELETE	61 TITLE		Change Addition
NAME .	COBB, L.B.		6.2 NAME	\wedge	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 receivenor 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.

63 STREET ADDRESS

6.4 CITY-S1-ZIP