FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **818081** **(2)**

1. Corporation Name
PHILLIPS COMMUNICATIONS INC

Principal Place of Business	Mailing Address
1250 ADAMS BLDG BARTLESVILLE OK 74004 US	1250 ADAMS BLDG BARTLESVILLE OK 74004 US

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: **07/29/1964**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **73-0738885** ☐ 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*
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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

TITLE	P
NAME	REHEIS, G. M.
STREET ADDRESS	426-B INFORMATION CTR
CITY-ST-ZIP	BARTLESVILLE OK
TITLE	VD
NAME	COLMENARES, D.E.
STREET ADDRESS	415B IC BUILDING
CITY-ST-ZIP	BARTLESVILLE OK
TITLE	S
NAME	CONE, D L
STREET ADDRESS	1250 ADAMS BLDG
CITY-ST-ZIP	BARTLESVILLE, OK 0
TITLE	VD
NAME	LUMMIS, R.W.
STREET ADDRESS	400 W. FRANK PHILLIPS
CITY-ST-ZIP	BARTLESVILLE, OK 0
TITLE	VD
NAME	DONNELL, T. B
STREET ADDRESS	373 INFORMATION CENTER
CITY-ST-ZIP	BARTLESVILLE, OK 0
TITLE	T
NAME	MORRIS, T. C.
STREET ADDRESS	3 A4 PHILLIPS BLDG
CITY-ST-ZIP	BARTLESVILLE, OK 0

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Hawkins, J. H. 415 Information Center Bartlesville, OK 74004	☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D. L. Cone **D. L. Cone, Secretary 4-25-95 (918) 661-6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040062? FN