

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

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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 818081

(2)

1. Corporation Name:
PHILLIPS COMMUNICATIONS INC



Principal Place of Business 1250 ADAMS BLDG BARTLESVILLE OK 74004 US	Mailing Address 1250 ADAMS BLDG BARTLESVILLE OK 74004 US
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3. Date Incorporated or Qualified 07/29/1964	3a. Date of Last Report 05/01/1996
4. FEI Number 73-0738885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHEIS, G. M.	1.2 NAME	
STREET ADDRESS	428-B INFORMATION CTR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTLESVILLE OK	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, J. H.	2.2 NAME	
STREET ADDRESS	415 INFORMATION CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTLESVILLE OK	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONE, D L	3.2 NAME	
STREET ADDRESS	1250 ADAMS BLDG	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTLESVILLE, OK 0	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUMMIS, R.W.	4.2 NAME	
STREET ADDRESS	400 W. FRANK PHILLIPS	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTLESVILLE, OK 0	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELL, T. B	5.2 NAME	
STREET ADDRESS	373 INFORMATION CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTLESVILLE, OK 0	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, T. C.	6.2 NAME	T
STREET ADDRESS	3 A4 PHILLIPS BLDG	6.3 STREET ADDRESS	CARRIG, JOHN A.
CITY-ST-ZIP	BARTLESVILLE, OK 0	6.4 CITY-ST-ZIP	3 A4 Phillips Bldg Bartlesville, OK 74004

14. I do 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 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:  **Cone, Secretary** 4-11-97 918/661-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0528036

CR2E034 (9/96)