

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**  
 04-18-2001 90034 031 \*\*\*150.00

**DOCUMENT # 818081**

1. Entity Name  
**PHILLIPS COMMUNICATIONS INC**

Principal Place of Business  
**1250 ADAMS BLDG**  
**BARTLESVILLE OK 74004**  
**US**

Mailing Address  
**1250 ADAMS BLDG**  
**BARTLESVILLE OK 74004**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **73-0738885**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REHEIS, G M 415-A INFORMATION CENTER BARTLESVILLE OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOMPFF, GARY N 627 INFORMATION CENTER BARTLESVILLE OK 74004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOFTIS, N.A. 1250 ADAMS BUILDING BARTLESVILLE OK 74004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, LARRY M 489 INFORMATION CENTER BARTLESVILLE OK 74004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GISI, R.B. 4 A4 PHILLIPS BUILDING BARTLESVILLE OK 74004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRIG, JOHN A 3 A4 PHILLIPS BLDG BARTLESVILLE, OK 0	<input type="checkbox"/> Delete

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

*N.A. Loftis*

N.A. Loftis, Secretary

4/4/01

918-661-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Document # 818081

## Directors, Officers Report

Phillips Communications, Inc.

532269

Wednesday, April 04, 2001

### DIRECTORS

**Larry M. Anderson** **Director**  
Primary Address: 489 Information Center  
Bartlesville, OK 74004 USA

**Gary N. Gompf** **Director**  
Primary Address: 315 Information Center  
Bartlesville, OK 74004 USA

**Joe H. Hawkins** **Director**  
Primary Address: 1148 Phillips Building  
Bartlesville, OK 74004 USA

**G. M. Reheis** **Director**  
Primary Address: 415-A Information Center  
Bartlesville, OK 74004

### OFFICERS

**G. M. Reheis** **President**  
Primary Address: 415-A Information Center  
Bartlesville, OK 74004

**Larry M. Anderson** **Vice President**  
Primary Address: 489 Information Center  
Bartlesville, OK 74004 USA

**Gary N. Gompf** **Vice President**  
Primary Address: 315 Information Center  
Bartlesville, OK 74004 USA

**John A. Carrig** **Treasurer**  
Primary Address: 3 A4 Phillips Building  
Bartlesville, OK 74004

**N. A. Loftis** **Secretary**  
Primary Address: 1250 Adams Building  
Bartlesville, OK 74004

**W. D. Stanley** **General Tax Counsel**  
Primary Address: 710G Plaza Office Bldg.  
Bartlesville, OK 74004

**B. J. Clayton** **General Tax Officer**  
Primary Address: 700A Plaza Office Building  
Bartlesville, OK 74004

**R. B. Gisi** **Assistant Treasurer**  
Primary Address: 4 A4 Phillips Building  
Bartlesville, OK 74004

**J. W. Sheets** **Assistant Treasurer**  
Primary Address: 3 A3 Phillips Building

Phillips Communications, Inc.

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Bartlesville, Ok 74004

**Dale J. Billam**

**Assistant Secretary**

Primary Address:

1234 Adams Building  
Bartlesville, OK 74004

Document

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