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 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 822710 (0)

1. Corporation Name
SUMMIT MACHINE TOOL MANUFACTURING CORP.

Principal Place of Business	Mailing Address
518 NORTH INDIANA P.O. BOX 754 OKLAHOMA CITY OK 73101-0754 US	518 NORTH INDIANA P.O. BOX 754 OKLAHOMA CITY OK 73101-0754 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1969
3a. Date of Last Report: 05/01/1994
4. FEI Number: 73-0689388 ☐ Applied For ☐ Not Applicable

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

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	GOLSEN, JACK E.	NAME	
STREET ADDRESS	16 S. PENNSYLVANIA	STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	GOLSEN, STEVE	NAME	
STREET ADDRESS	16 S. PENNSYLVANIA	STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	CITY-ST-ZIP	
TITLE	VTS	TITLE	☐ Change ☐ Addition
NAME	GOSS, DAVID R.	NAME	
STREET ADDRESS	16 S. PENNSYLVANIA	STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	REDMAN, DALE	NAME	
STREET ADDRESS	16 S PENNSYLVANIA	STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	CITY-ST-ZIP	
TITLE		TITLE	Vice President ☐ Change ☒ Addition
NAME		NAME	Shelby, Tony M.
STREET ADDRESS		STREET ADDRESS	16 S. Pennsylvania
CITY-ST-ZIP		CITY-ST-ZIP	Oklahoma City OK 73107
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] Steven J. Golsen President 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0480801 FP