

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90088 031 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 826678**  
 1. Corporation Name  
**MANHATTAN CONSTRUCTION COMPANY**



Principal Place of Business <b>111 WEST FIFTH ST                  STE 1000                  TULSA OK 74119</b>	Mailing Address <b>111 WEST FIFTH ST                  STE 1000                  TULSA OK 74119</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 5601 S. 122nd East Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 5601 S. 122nd East Ave.</b> Suite, Apt. #, etc.
22 City & State <b>Tulsa, OK</b>	27 City & State <b>Tulsa, OK</b>
23 Zip <b>74146</b>	29 Zip <b>74146</b>
25 Country <b>US</b>	30 Country <b>US</b>

3. Date Incorporated or Qualified <b>08/27/1971</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>73-0338330</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<b>FL</b>
85 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CEO ROONEY, L.F. III</b>	1.2 NAME	
STREET ADDRESS	<b>111 W. FIFTH ST., SUITE 1000</b>	1.3 STREET ADDRESS	<b>5601 S. 122nd East Ave.</b>
CITY-ST-ZIP	<b>TULSA OK</b>	1.4 CITY-ST-ZIP	<b>Tulsa, OK 74146</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S LAWSON, JIM W.</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 949 N/A</b>	2.3 STREET ADDRESS	<b>5601 S. 122nd East Ave.</b>
CITY-ST-ZIP	<b>MUSKOGEE OK</b>	2.4 CITY-ST-ZIP	<b>Tulsa, OK 74146</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V FERGUSON, CURTIS</b>	3.2 NAME	
STREET ADDRESS	<b>2120 MONTROSE BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON, TX 0</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD ROONEY, TIM P</b>	4.2 NAME	
STREET ADDRESS	<b>3890 W. NORTHWEST HWY SUITE 100</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 appointment with an address, with all other like empowered.

SIGNATURE: Jim Lawson **Jim Lawson** 4-21-99 918-878-3341  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)