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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837099

1. Corporation Name

ORAL ROBERTS UNIVERSITY, INC.

Principal Place of Business	Mailing Address
ATTN: RESTRICTED ACCOUNTING 7777 S. LEWIS AVE TULSA OK 74171	ATTN: RESTRICTED ACCOUNTING 7777 S. LEWIS AVE TULSA OK 74171

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/28/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 73-0739626 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STERNS, RANDY 220 S. FRANKLIN TAMPA FL 33602	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 617.0502 and 617.1508, 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 617.0503, 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, ORAL		1.2 NAME		
STREET ADDRESS	7777 SOUTH LEWIS		1.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK 74171		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, F. H		2.2 NAME		
STREET ADDRESS	7777 SOUTH LEWIS		2.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HICKEY, MARILYN		3.2 NAME		
STREET ADDRESS	445 S PRATTE RIVER DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	GEUDER, JEFF		4.2 NAME	Ellsworth, David J.	
STREET ADDRESS	7777 SOUTH LEWIS		4.3 STREET ADDRESS	7777 S. Lewis	
CITY-ST-ZIP	TULSA OK		4.4 CITY-ST-ZIP	Tulsa, OK 74171	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, RICHARD		5.2 NAME		
STREET ADDRESS	7777 SOUTH LEWIS		5.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK 74171		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, GEORGE		6.2 NAME		
STREET ADDRESS	7777 SOUTH LEWIS		6.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED F.H. Anderson 4-13-99 918-495-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)