

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 837099**

Entity Name

**ORAL ROBERTS UNIVERSITY, INC.****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90120 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**ATTN: RESTRICTED ACCOUNTING**  
**777 S. LEWIS AVE**  
**TULSA OK 74171****ATTN: RESTRICTED ACCOUNTING**  
**7777 S. LEWIS AVE**  
**TULSA OK 74171****00049482**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**73-0739626**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****STERN, RANDY**  
**220 S. FRANKLIN**  
**TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be**  
**Added to Fees****Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS****11.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE | NAME | STREET ADDRESS     | CITY-STATE-ZIP                     |                                 | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |   |
|-------|------|--------------------|------------------------------------|---------------------------------|-------|------|----------------|----------------|---|
|       | CD   | ROBERTS, ORAL      | 7777 SOUTH LEWIS<br>TULSA OK 74171 | <input type="checkbox"/> Delete |       |      |                |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | T    | ANDERSON, F. H     | 7777 SOUTH LEWIS<br>TULSA OK       | <input type="checkbox"/> Delete |       |      |                |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | CD   | HICKEY, MARILYN    | 445 S PRATTE RIVER DR<br>DENVER CO | <input type="checkbox"/> Delete |       |      |                |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | S    | ELLSWORTH, DAVID J | 7777 SOUTH LEWIS<br>TULSA OK 74171 | <input type="checkbox"/> Delete |       |      |                |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | PD   | ROBERTS, RICHARD   | 7777 SOUTH LEWIS<br>TULSA OK 74171 | <input type="checkbox"/> Delete |       |      |                |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | V    | FISHER, GEORGE     | 7777 SOUTH LEWIS<br>TULSA OK       | <input type="checkbox"/> Delete |       |      |                |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **ANDERSON**

1-16-02

(918)495-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)