


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV -9 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 837099	
1. Entity Name ORAL ROBERTS UNIVERSITY, INC.	

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

2. Principal Place of Business ATTN: CONTROLLER Suite, Apt. #, etc. 7777 S LEWIS AVE City & State TULSA, OK Zip 74171 Country USA	3. Mailing Address ATTN: CONTROLLER Suite, Apt. #, etc. 7777 S LEWIS AVE City & State TULSA, OK Zip 74171 Country USA
--	--



10052005 REINSTATEMENT 05

4. Filing Fee 73-0739626	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent STERN, RANDY 220 S. FRANKLIN TAMPA, FL 33602	7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Randy K. Stern DATE October 27, 2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROBERTS, ORAL 7777 SOUTH LEWIS TULSA, OK 74171 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500061287435 11/09/05--01014--003 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, F. H 7777 SOUTH LEWIS TULSA, OK <input checked="" 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	CD HICKEY, MARILYN 445 S PRATTE RIVER DR DENVER, CO <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	S ELLSWORTH, DAVID J 7777 SOUTH LEWIS TULSA, OK 74171 <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	PD ROBERTS, RICHARD 7777 SOUTH LEWIS TULSA, OK 74171 <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	V FISHER, GEORGE 7777 SOUTH LEWIS TULSA, OK <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WAGNER, DAVID 7777 South Lewis Tulsa, OK

12. 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: David J. Ellsworth DATE 918 495-6402

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR