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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842242

(0)

TRANSOL U.S.A., INC.

Principal Place of Business Mailing Address					THE STATE OF THE STATE STATE STATE STATE STATE STATE STATE AND STATE STATE STATE STATE STATE STATE STATE STATE		
2200 N CLASSEN BLVD. SUITE 1350 OKLAHOMA CITY OK 73106 US		220 N CLASSEN BLVD. SUITE 1350 OKLAHOMA CITY OK 73106-7827 US					
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/15/1996		'	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For			
21		26			73-1057500		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zιρ	Country Zip		Countr	1	This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes No		
	Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent			
LANE	E, CHARLES C		81	Name			
	SOUTH ASHLEY DRIVE E 1700		82 Street Addre		ress (P.O. Box Number is Not Acceptab	le)	
	PA FL 33602		83				
			84	City		85 Zi	ip Code
				1 '		FL	
11. Pursuant to office or readent. Lar	o the provisions of Sections 607,050 ogistered agent, or both, in the State n familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a stions of, Section 607.0505, Florida Statute.	s, the about thorized b rida Statute	e-named corp y the corporates.	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing the appointment	j its registered as registered
SIGNATURE					***************************************		
	Signature, typed or printed name of registered age OFFICERS ANI		13.	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	OBS IN 12
12.	P OFFICENS AIN	DELETE	1 1 TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/OFFARGES TO OFFIC	☐ Chano	
NAME	MELISSE, CHRIS	III DECEME	1 2 NAME	ļ			
STREET ADDRESS	2200 N CLASSEN BLVD, SUITI	E 1950		T ADDRESS			
i I	OKLAHOMA CITY OK	L 1000	14 CiTY-	1			-
CITY+ST-7IFF	D	DELETE	21 TITLE	31-21		Chang	e Addition
NAME	KAMPER, CARL		22 NAME				
STREET ADDRESS	2200 N CLASSEN BLVD, SUITI	F 1350	2.3 STREET ADDRESS				
li	OUT ALIONAL OFFICIAL		2 4 CITY-ST-ZIP				
CITY-ST-7IP TITLE	D DELETE			01-511		Chang	e Addition
NAME	RABENORT, JAN		3.1 TITLE 3.2 NAME	1			
STREET ADDRESS	ALAN AL ALANGELI DILEMA ALIMP AND			3.3 STREET ADDRESS			
CHY-S1-ZIP	OKLAHOMA CITY OK		3.4. CITY				
TITLE		DELETE	4.1 TITLE			☐ Chang	e 🔲 Addition
NAME			4. 2 NAM	.			
STREET ADDRESS				T ADDRESS			
CITY - \$1 - 7IP			4.4 CITY-				
TITLE			5.1 TITLE			Chang	ge Addition
NAME .			5.2 NAME		`.		
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY - \$1 - 7IP			5.4 CITY-				
TITLE		DELETE	6.1 TITLE			Chang	e L Addition
NAME .			6.2 NAMÉ				
STREET ADDRESS			6.3 STRE	T ADDRESS			
City-St-7iP			6.4 CITY	- 1			

14. I do 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 of 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 charged, or on an attackment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

May 5, 1997

180-460300 Daytime Prione *

FILED

May 19 1997 8:00am

Secretary of State