

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

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

CERTIFI  
DATE M

May 05 1997 8:00am  
Secretary of State

DOCUMENT # **846972** (8)  
1. Corporation Name  
**COM ENERGY, INC.**



Principal Place of Business  
**P.O. BOX 300  
TULSA OK 74102**

Mailing Address  
**P.O. BOX 300  
TULSA OK 74102-0300**

3. Date Incorporated or Qualified  
**09/16/1980**

3a. Date of Last Report  
**04/26/1996**

4. FEI Number  
**95-3089398**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip  
28 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**  
83  
84 City  
**TALLAHASSEE**  
85 Zip Code  
**FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	LEACH, A R	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	GRUBERTH, F J	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GAY, M.T.	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAUERT, J R	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PARISE, S P	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DAHSE, J.E.	
STREET ADDRESS	2000 SOUTH POST OAK BLVD.	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AT
2.3 STREET ADDRESS	ZAYLOR, JOHN R.
2.4 CITY-ST-ZIP	10889 WILSHIRE BLVD. LOS ANGELES CA 90024
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HAVERT, J.R.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 attachment with an address.

SIGNATURE

SIGNATURE OF REGISTERED AGENT

*[Signature]*

2/28/1997 6:50:11

CR2E034 (9/96)