FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # 856187 1. Entity Name 02-21-2002 90086 039 ***150 00 TIMBERLAKE CONSTRUCTION CO. OF OKLAHOMA Principal Place of Business Mailing Address 7613 N CLASSEN P.O. BOX 18297 OKLAHOMA CITY OK 73116 OKLAHOMA CITY OK 73154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 73-0999516 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition TIMBERLAKE, DAVID B NAME NAME 5 Coventry Ct. Edmond, OK 3800 COACHMAN RD STREET ADDRESS STREET ADDRESS EDMOND OK 73003 CITY-ST-7IP CITY-ST-71P 73034 TITLE DV X Delete TITLE Change NAME HIXON, TERRY L NAME STREET ADDRESS 8035 NW 10TH STREET ADDRESS CITY-ST-ZIP OKLAHOMA CITY OK 73162 CITY-ST-ZIP TITLE STD Defete Change ☐ Addition NAME COX, JOHN STREET ADDRESS 12201 FOXGLOVE CT STREET ADDRESS CITY-ST-ZIP OKLAHOMA CITY OK 73120 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TIMBERLAKE, D. BRYAN II NAME STREET ADDRESS 71 BOX BEND TR STREET ADDRESS CITY-ST-7IP EDMOND OK 73034 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME CRUMP, AMY NAME STREET ADDRESS 2713 NW 157TH ST STREET ADDRESS CITY-ST-ZIE **EDMOND OK 73013** CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

an address, with all other like empowered