

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90165 047 ***550.00

DOCUMENT # F02000001309

1. Entity Name
AIMGP, INC.



Principal Place of Business
**12112 TECHNOLOGY BLVD., SUITE 100
AUSTIN TX 78727**

Mailing Address
**12112 TECHNOLOGY BLVD., SUITE 100
AUSTIN TX 78727**

2. Principal Place of Business

3. Mailing Address

5810 E. SKELLY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1650

City & State

City & State

TULSA OK

Zip

Country

Zip

Country

74135

TULSA

4. FEI Number **73-1393739**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SMALLING, RICHARD**
STREET ADDRESS **12112 TECHNOLOGY BLVD., SUITE 100**
CITY-ST-ZIP **AUSTIN TX 78727**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **FRIZZELL, JOHNNY**
STREET ADDRESS **12112 TECHNOLOGY BLVD., SUITE 100**
CITY-ST-ZIP **AUSTIN TX 78727**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **RAINS, TAMARA**
STREET ADDRESS **5810 E. SKELLY DRIVE, SUITE 1650**
CITY-ST-ZIP **TULSA OK 74135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **MEINIG, PETER C**
STREET ADDRESS **5810 E. SKELLY DRIVE, SUITE 1650**
CITY-ST-ZIP **TULSA OK 74135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAMARA RAINS 8/14/03 918-664-1914

Date Daytime Phone #

CR2E034 (4/03)