

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002040

1. Entity Name
ORS NASCO, INC.



Principal Place of Business
2348 EAST SHAWNEE BYPASS
MUSKOGEE, OK 74403

Mailing Address
2348 EAST SHAWNEE BYPASS
MUSKOGEE, OK 74403



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-0958050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 Jean A Cook
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when releasing)

3/15/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000099117
03/29/04-80070-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHELLER, WILLIAM K
STREET ADDRESS 2348 EAST SHAWNEE BYPASS
CITY-ST-ZIP MUSKOGEE, OK 74403

TITLE S
NAME COOK, JEAN A
STREET ADDRESS 2348 EAST SHAWNEE BYPASS
CITY-ST-ZIP MUSKOGEE, OK 74403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04
Date

918-687-5441
Daytime Phone #