2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# F04000002863

Entity Name: CHICKASAW NATION INDUSTRIES, INC.

Current Principal Place of Business:

2020 ARLINGTON
ADA, OK 74820 US

New Principal Place of Business:

2600 JOHN SAXON BLVD.
NORMAN, OK 73071 US

Current Mailing Address:

2600 JOHN SAXON BLVD.
NORMAN, OK 73071 US

New Mailing Address:

FEI Number: 73-1543162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHESON, J. DAVID
317 S. 2ND STREET
FT. PIERCE, FL 34948 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: MITCHELL, MARVIN
Address: ROUTE 1 BOX 38AAA
City-St-Zip: FITZHUGH, OK 74843

Title: ST ( ) Delete
Name: WOODS, STEVE
Address: ROUTE 1 BOX 430A
City-St-Zip: SULPHUR, OK 73086

Title: D ( ) Delete
Name: CAMPBELL, BRIAN
Address: 2020 ARLINGTON, STE. 7
City-St-Zip: ADA, OK 74820

Title: D ( ) Delete
Name: MCCALEB, NEIL
Address: 2107 VANCE DR
City-St-Zip: EDMOND, OK 73103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA SUTTON CFO 01/22/2009
Electronic Signature of Signing Officer or Director Date