2004 FOR PROFIT CORPORATION

FILED Mar 15, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # F93000000466** E.H.P. CORPORATION Principal Place of Business Mailing Address **4033 SOUTH YORKTOWN PLACE 4033 SOUTH YORKTOWN PLACE** TULSA, OK 74105 US **TULSA, OK 74105** 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-2632163 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2808 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 Signature, typed or printed name of registered agent and trile if applicable. (NGTE: Registered Agent signature required when remaining) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000089521 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WHEELER, DAVID B NAME STREET ADDRESS 5809 CARRYBACK LANE CITY-ST-ZIP AUSTIN, TX 78746 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TMLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filting 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 of the receiver or further 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

918-749-6875