

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002133 (7)  
1. Corporation Name  
C.I.S. TECHNOLOGIES, INC. ✓

Principal Place of Business: 6100 SOUTH YALE, SUITE 1900 TULSA OK 74136  
Mailing Address: 6100 SOUTH YALE, SUITE 1900 TULSA OK 74136

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/07/1993	11/21/1994
22 Suito. Apt. #, etc.		27 Suito. Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		73-1359595	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. This corporation has liability for intangible tax under Ch. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name	05 Zip Code
02 Street Address (P.O. Box Number is Not Acceptable)	FL
03	
04 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and date of signature. (200) Registered Agent Signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, PHILIP D	1.2 NAME	
STREET ADDRESS	6100 S. YALE, SUITE 1900	1.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74136	1.4 CITY-ST-ZIP	
TITLE	TCFO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, RICHARD A	2.2 NAME	
STREET ADDRESS	6100 S. YALE, SUITE 1900	2.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74136	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, KELLIE J	3.2 NAME	
STREET ADDRESS	6100 S. YALE, SUITE 1900	3.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74136	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSMA, JAMES L	4.2 NAME	
STREET ADDRESS	6100 S. YALE, SUITE 1900	4.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74136	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUDERS, RICHARD V	5.2 NAME	
STREET ADDRESS	6100 S. YALE, SUITE 1900	5.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74136	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that this information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in my attachment with an address.

SIGNATURE: *Kellie Watts* 4/30/95 918-481-4271  
Kellie Watts, Secretary  
Signature typed or printed name of signing officer or director. (200) (200) (200)