FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

[illegible] -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005378 (5)**

1. Corporate Name
VYVX, INC.

Principal Place of Business
ONE WILLIAMS CENTER
TULSA OK 74172

Mailing Address
P.O. BOX 21348
TULSA OK 74121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/24/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **73-1349451** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ 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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1908, Florida Statutes, the above-named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	BISHOP, DAVID R	NAME	James R. Herbster
STREET ADDRESS	ONE WILLIAMS CENTER, 36TH FLOOR	STREET ADDRESS	one williams center
CITY ST ZIP	TULSA OK 74172	CITY ST ZIP	TULSA OK 74102
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	BOTHOF, DELWIN L	NAME	
STREET ADDRESS	ONE WILLIAMS CENTER, 36TH FLOOR	STREET ADDRESS	
CITY ST ZIP	TULSA OK 74172	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	HIRSCH, HENRY C	NAME	
STREET ADDRESS	ONE WILLIAMS CENTER, 36TH FLOOR	STREET ADDRESS	
CITY ST ZIP	TULSA OK 74172	CITY ST ZIP	
TITLE	VCD	TITLE	S ☒ Change ☐ Addition
NAME	SELLERS, JERRY R	NAME	DAVID HIGBEE
STREET ADDRESS	ONE WILLIAMS CENTER, 36TH FLOOR	STREET ADDRESS	one williams center
CITY ST ZIP	TULSA OK 74172	CITY ST ZIP	TULSA OK 74102
TITLE	VSTD	TITLE	VD ☒ Change ☐ Addition
NAME	LITTLEFIELD, LAWRENCE C JR.	NAME	S. MILLER WILLIAMS
STREET ADDRESS	ONE WILLIAMS CENTER	STREET ADDRESS	one williams center
CITY ST ZIP	TULSA OK 74172	CITY ST ZIP	TULSA OK 74102
TITLE	COBD	TITLE	COBD ☒ Change ☐ Addition
NAME	WILKENS, ROY A	NAME	Howard E. Janzen
STREET ADDRESS	ONE WILLIAMS CENTER, 36TH FLOOR	STREET ADDRESS	one williams center
CITY ST ZIP	TULSA OK 74172	CITY ST ZIP	TULSA OK 74102

14. I do hereby certify that the information supplied with this filing, and certified herein, meets or exceeds the requirements of Section 119.07(5)(b), Florida Statutes. I further certify that the 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 with an officer or director title.

SIGNATURE: David Higbee — 4/26/95 — 918-588-4761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480727 FP