

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005378

1. Entity Name

VYVX, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90026 043 ***150.00

Principal Place of Business

Mailing Address

ONE WILLIAMS CENTER
TULSA OK 74172

P.O. BOX 22067
TAX DEPARTMENT
TULSA OK 74121-2067
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

One Williams Ctr

41-3

Tulsa

OK

74172

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1349451

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KENNY, LAURA A
STREET ADDRESS ONE WILLIAM CENTER
CITY-ST-ZIP TULSA OK 74172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME BOTHOF, DELWIN L
STREET ADDRESS ONE WILLIAMS CENTER
CITY-ST-ZIP TULSA OK 74172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME TURCOTTE, JOSEPH C
STREET ADDRESS ONE WILLIAMS CENTER
CITY-ST-ZIP TULSA OK 74172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME GEHRES, SHAWNG L
STREET ADDRESS ONE WILLIAM CENTER
CITY-ST-ZIP TULSA OK ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME S. MILLER WILLIAMS
STREET ADDRESS ONE WILLIAM CENTER
CITY-ST-ZIP TULSA OK 74172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE COBD
NAME JANZEN, HOWARD E.
STREET ADDRESS ONE WILLIAM CENTER
CITY-ST-ZIP TULSA OK 74172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shanah Dale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secretary 4/7/00 918-573-4221

CR2E034 (9/99)