

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90109 033 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000001920**

1. Corporation Name  
**SAMSON INDUSTRIAL CORPORATION-SOUTHEAST**

Principal Place of Business <b>SAMSON PLAZA                  TWO WEST SECOND ST.                  TULSA OK 74103</b>	Mailing Address <b>SAMSON PLAZA                  TWO WEST SECOND ST.                  TULSA OK 74103</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/13/1994</b>	Applied For. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number <b>73-1442021</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>HANCIN, DAVE</b>
STREET ADDRESS	<b>TWO WEST SECOND ST.</b>
CITY-ST-ZIP	<b>TULSA OK</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>SCHUSTERMAN, STACY</b>
STREET ADDRESS	<b>TWO WEST SECOND ST.</b>
CITY-ST-ZIP	<b>TULSA OK 74103</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>SUMERLIN, CYRUS</b>
STREET ADDRESS	<b>TWO W 2ND ST</b>
CITY-ST-ZIP	<b>TULSA OK 74103</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>JONES, ANNABEL M</b>
STREET ADDRESS	<b>TWO WEST SECOND ST</b>
CITY-ST-ZIP	<b>TULSA OK 74103</b>
TITLE	<b>VT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HAIR, DON</b>
STREET ADDRESS	<b>TWO WEST SECOND ST</b>
CITY-ST-ZIP	<b>TULSA OK 74103</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>CANON, JACK A</b>
STREET ADDRESS	<b>TWO WEST SECOND ST</b>
CITY-ST-ZIP	<b>TULSA OK</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director, President</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>David J. Hancin</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>Vice Pres., CFO, Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>C. Philip Tholen</b>
5.3 STREET ADDRESS	<b>Two West Second Street</b>
5.4 CITY-ST-ZIP	<b>Tulsa, OK 74103</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **David J. Hancin** *(Signature)* **4-23-99** (918) 583-1791  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)