FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000004236 (5)**

1. Corporation Name

ACCORD HUMAN RESOURCES, INC.

Principal Place of Business	Mailing Address
1601 NW EXPRESSWAY SUITE 610 OKLAHOMA CITY OK 73118-1400	1601 NW EXPRESSWAY SUITE 610 OKLAHOMA CITY OK 73118-1400

3. Date Incorporated or Qualified: **08/16/1994**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business
21 210 Park Avenue
Suite, Apt. #, etc.
22 Suite 1200
City & State
23 Oklahoma City, OK
Zip 24 73102 Country 25 USA

2a. Mailing Address
26 210 Park Avenue
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **73-1402191** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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 607.0502 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 title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	TUCKER, CRAIG M		1.2 NAME	Tucker, Craig M	
STREET ADDRESS	1601 NW EXPRESSWAY, SUITE 610		1.3 STREET ADDRESS	210 Park Avenue, Suite 1200	
CITY-ST-ZIP	OKLAHOMA CITY OK 73118-1400		1.4 CITY-ST-ZIP	Oklahoma City, OK 73102	
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	HAGEMAN, DALE L		2.2 NAME	Hageman, Dale L.	
STREET ADDRESS	1601 NW EXPRESSWAY, SUITE 610		2.3 STREET ADDRESS	210 Park Avenue, Suite 1200	
CITY-ST-ZIP	OKLAHOMA CITY OK 73118-1400		2.4 CITY-ST-ZIP	Oklahoma City, OK 73102	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	EDWARDS, CARL E JR		3.2 NAME	Edwards, Carl E. Jr.	
STREET ADDRESS	1601 NW EXPRESSWAY, SUITE 610		3.3 STREET ADDRESS	210 Park Avenue, Suite 1200	
CITY-ST-ZIP	OKLAHOMA CITY OK 73118-1400		3.4 CITY-ST-ZIP	Oklahoma City, OK 73102	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PRICE, FORD C JR		4.2 NAME	Price, Ford C. Jr.	
STREET ADDRESS	1601 NW EXPRESSWAY, SUITE 610		4.3 STREET ADDRESS	210 Park Avenue, Suite 1200	
CITY-ST-ZIP	OKLAHOMA CITY OK 73118-1400		4.4 CITY-ST-ZIP	Oklahoma City, OK 73102	
TITLE	STD	☐ DELETE	5.1 TITLE	STD	☒ Change ☐ Addition
NAME	FIEDLER, JAMES J		5.2 NAME	Fiedler, James J	
STREET ADDRESS	1601 NW EXPRESSWAY, SUITE 610		5.3 STREET ADDRESS	210 Park Avenue, Suite 1200	
CITY-ST-ZIP	OKLAHOMA CITY OK 73118-1400		5.4 CITY-ST-ZIP	Oklahoma City, OK 73102	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	EDWARDS, EDWARD B		6.2 NAME	Edwards, Edward B.	
STREET ADDRESS	1601 NW EXPRESSWAY, SUITE 610		6.3 STREET ADDRESS	210 Park Avenue, Suite 1200	
CITY-ST-ZIP	OKLAHOMA CITY OK 73118-1400		6.4 CITY-ST-ZIP	Oklahoma City, OK 73102	

CR2E034 (12/95)

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 119.07(3)(k), 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.

SIGNATURE: _____ 4-29-96 405-232-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #