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Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004236 (5)** *OK 11/8/97*

1. Corporation Name

**ACCORD HUMAN RESOURCES, INC.**

Principal Place of Business

**210 PARK AVENUE  
SUITE 1200  
OKLAHOMA CITY OK 73102  
US**

Mailing Address

**210 PARK AVENUE  
SUITE 1200  
OKLAHOMA CITY OK 73102-5602  
US**

3. Date Incorporated or Qualified

**08/16/1994**

3a. Date of Last Report

**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D  
TUCKER, CRAIG M**  
STREET ADDRESS **210 PARK AVE #1200**  
CITY-ST-ZIP **OKLAHOMA CITY OK**

TITLE ☐ DELETE

NAME **PD  
HAGEMAN, DALE L**  
STREET ADDRESS **210 PARK AVENUE #1200**  
CITY-ST-ZIP **OKLAHOMA CITY OK**

TITLE ☐ DELETE

NAME **D  
EDWARDS, CARL E JR**  
STREET ADDRESS **210 PARK AVE #1200**  
CITY-ST-ZIP **OKLAHOMA CITY OK**

TITLE ☐ DELETE

NAME **D  
PRICE, FORD C JR**  
STREET ADDRESS **210 PARK AVENUE #1200**  
CITY-ST-ZIP **OKLAHOMA CITY OK**

TITLE ☐ DELETE

NAME **STD  
FIEDLER, JAMES J**  
STREET ADDRESS **210 PARK AVE #1200**  
CITY-ST-ZIP **OKLAHOMA CITY OK**

TITLE ☐ DELETE

NAME **D  
EDWARDS, EDWARD B**  
STREET ADDRESS **210 PARK AVENUE #1200**  
CITY-ST-ZIP **OKLAHOMA CITY OK**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 its 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, as applicable, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-97**

**(405) 232-8888**

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