

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90115 050 ***150.00

DOCUMENT # F94000004236

1. Corporation Name

ACCORD HUMAN RESOURCES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

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

Mailing Address

**210 PARK AVENUE
SUITE 1200
OKLAHOMA CITY OK 73118-1400
US**

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/16/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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-STATE-ZIP
OKLAHOMA CITY OK

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
D EDWARDS, EDWARD B
STREET ADDRESS
210 PARK AVENUE #1200
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 as an attachment with an address, with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE L. HAGEMAN, PRESIDENT 04/21/99

Date

Daytime Phone #

(405) 232-9838

CR2E034 (1/98)