

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000004236**

1. Entity Name

ACCORD HUMAN RESOURCES, INC.**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90043 024 ***150.00

Principal Place of Business

Mailing Address

**210 PARK AVENUE
SUITE 1200
OKLAHOMA CITY OK 73102
US****210 PARK AVENUE
SUITE 1200
OKLAHOMA CITY OK 73118-1400
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **73-1402191**

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****CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TUCKER, CRAIG M	210 PARK AVE #1200	OKLAHOMA CITY OK						
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HAGEMAN, DALE L	210 PARK AVENUE #1200	OKLAHOMA CITY OK						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	EDWARDS, CARL E JR	210 PARK AVE #1200	OKLAHOMA CITY OK						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PRICE, FORD C JR	210 PARK AVENUE #1200	OKLAHOMA CITY OK						
	STD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FIEDLER, JAMES J	210 PARK AVE #1200	OKLAHOMA CITY OK						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	EDWARDS, EDWARD B	210 PARK AVENUE #1200	OKLAHOMA CITY OK						

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: SHERRI KRITTENBRINK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/01

Date

(405) 232-9888

Daytime Phone #

CR2E034 (10/00)