FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 11 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004554 (1)

1. Corporation Name
CENTURY MANAGEMENT COMPANY OF OKLAHOMA

Principal Place of Business	Mailing Address
127 S. HUDSON OKLAHOMA CITY OK 73102-5020	127 S. HUDSON OKLAHOMA CITY OK 73102-5020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 201 N.W. 63rd	26 201 N.W. 63rd
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite100
City & State 23 Oklahoma City, OK	City & State 28 Oklahoma City, OK
Zip / Country 24 73116 / 25 OK	Zip / Country 29 73116 / 30 OK

4. FEI Number: 73-1127848 ☐ 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

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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 signature required when mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	S ☐ Change ☒ Addition
NAME	HALL, KIRKLAND	12 NAME	Don S. Strong
STREET ADDRESS	127 S. HUDSON	13 STREET ADDRESS	201 N.W. 63rd, Suite 100
CITY-ST-ZIP	OKLAHOMA CITY OK 73102	14 CITY-ST-ZIP	Oklahoma City, OK 73116
TITLE	PD	21 TITLE	V ☐ Change ☒ Addition
NAME	DEARMON, T A	22 NAME	Emmett D. Carter
STREET ADDRESS	127 S. HUDSON	23 STREET ADDRESS	201 N. W. 63rd, Suite 100
CITY-ST-ZIP	OKLAHOMA CITY OK 73102	24 CITY-ST-ZIP	Oklahoma City, OK 73116
TITLE	~~V~~	31 TITLE	☐ Change ☐ Addition
NAME	~~COOK, TERRY~~	32 NAME	
STREET ADDRESS	~~127 S. HUDSON~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~OKLAHOMA CITY OK 73102~~	34 CITY-ST-ZIP	
TITLE	VSD	41 TITLE	VD ☒ Change ☐ Addition
NAME	POTTER, DEAN M	42 NAME	Dean M. Potter
STREET ADDRESS	127 S. HUDSON	43 STREET ADDRESS	201 N. W. 63rd, Suite 100
CITY-ST-ZIP	OKLAHOMA CITY OK 73102	44 CITY-ST-ZIP	Oklahoma City, OK 73116
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	MELOTT, DEBRA J	52 NAME	
STREET ADDRESS	127 S. HUDSON	53 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK 73102	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	COTTRELL, FREDRICA	62 NAME	
STREET ADDRESS	127 S. HUDSON	63 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK 73102	64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Fredrica Cottrell Fredrica Cottrell 4/5/95 879-0099
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Daytime Phone #

0478458 FP