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

95 MAY -1 PM 3:01

DOCUMENT # F94000034463

1. Corporation Name

OPUBCO ENTERPRISES, INC.

100001482701
-05/10/95--01071--001
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10111 N. Central Expressway Dallas, Texas 75231	10111 N. Central Expressway Dallas, Texas 75231

3. Date Incorporated or Qualified: 4/28/94
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 56-1568318 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT Corporation
1200 South Pine Island Road
Plantation, Florida 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 signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
25 TITLE	Director, President	11 TITLE	☐ Change ☐ Addition
NAME	Edward L. Gaylord	12 NAME	
STREET ADDRESS	9000 N. Broadway	13 STREET ADDRESS	
CITY ST ZIP	Oklahoma City, OK 73114	14 CITY ST ZIP	
TITLE	Director, Vice President	21 TITLE	☐ Change ☐ Addition
NAME	Edward K. Gaylord II	22 NAME	
STREET ADDRESS	9000 N. Broadway	23 STREET ADDRESS	
CITY ST ZIP	Oklahoma City, OK 73114	24 CITY ST ZIP	
TITLE	Director, Vice President	31 TITLE	☐ Change ☐ Addition
NAME	Glenn M. Stinchcomb	32 NAME	
STREET ADDRESS	10111 N. Central Expressway	33 STREET ADDRESS	
CITY ST ZIP	Dallas, Texas. 75231	34 CITY ST ZIP	
TITLE	Treasurer and Assistant Secretary	41 TITLE	☐ Change ☐ Addition
NAME	David C. Story	42 NAME	
STREET ADDRESS	9000 N. Broadway	43 STREET ADDRESS	
CITY ST ZIP	Oklahoma City, OK 73114	44 CITY ST ZIP	
TITLE	Secretary	51 TITLE	☐ Change ☐ Addition
NAME	Christine Gaylord Everest	52 NAME	
STREET ADDRESS	9000 N. Broadway	53 STREET ADDRESS	
CITY ST ZIP	Oklahoma City, OK 73114	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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: David C. Story Treasurer — 5/1/95 — 405/475-3811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID C. STORY