

# 2001- UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90002 032 \*\*\*550.00

**DOCUMENT # F95000004815**

**1. Entity Name**  
**CENTURY MANAGEMENT COMPANY**

**Principal Place of Business**  
**100 N. W. 63RD STREET, SUITE 305**  
**OKLAHOMA CITY OK 73116**

**Mailing Address**  
**100 N. W. 63RD STREET, SUITE 305**  
**OKLAHOMA CITY OK 73116**

**2. Principal Place of Business**  
**4045 NW 64th St., Suite 300**

**3. Mailing Address**  
**4045 NW 64th St., Suite 300**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Oklahoma City, OK**

**City & State**  
**Oklahoma City, OK**

**Zip**  
**73116**

**Country**  
**USA**

**Zip**  
**73116**

**Country**  
**USA**

**4. FEI Number**  
**73-1127848**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

## 11. OFFICERS AND DIRECTORS

**TITLE** **CD** ☒ **Delete**  
**NAME** **HALL, KIRKLAND**  
**STREET ADDRESS** **123 S. HUDSON**  
**CITY-ST-ZIP** **OKLAHOMA CITY OK 73102**

**TITLE** **D** ☒ **Delete**  
**NAME** **DEARMON, T A**  
**STREET ADDRESS** **100 N. W. 63RD STREET, SUITE 305**  
**CITY-ST-ZIP** **OKLAHOMA CITY OK 73116**

**TITLE** **PD** ☐ **Delete**  
**NAME** **POTTER, DEAN M**  
**STREET ADDRESS** **100 N. W. 63RD STREET, SUITE 305**  
**CITY-ST-ZIP** **OKLAHOMA CITY OK 73116**

**TITLE** **T** ☒ **Delete**  
**NAME** **DECAMP, VINETTA L**  
**STREET ADDRESS** **100 N. W. 63RD STREET, SUITE 305**  
**CITY-ST-ZIP** **OKLAHOMA CITY OK 73116**

**TITLE** **S** ☒ **Delete**  
**NAME** **STRONG, DON S**  
**STREET ADDRESS** **100 N. W. 63RD STREET, SUITE 305**  
**CITY-ST-ZIP** **OKLAHOMA CITY OK 73116**

**TITLE** **AS** ☐ **Delete**  
**NAME** **SCOTT, JOLENE**  
**STREET ADDRESS** **100 N. W. 63RD STREET, SUITE 305**  
**CITY-ST-ZIP** **OKLAHOMA CITY OK 73116**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE** **CD** ☐ **Change** ☐ **Addition**  
**NAME** **L. John Pearson**  
**STREET ADDRESS** **10075 Red Run Blvd.**  
**CITY-ST-ZIP** **Baltimore, MD 21117-4871**

**TITLE** **CTD** ☐ **Change** ☐ **Addition**  
**NAME** **Jeffrey H. Marshall**  
**STREET ADDRESS** **10075 Red Run Blvd.**  
**CITY-ST-ZIP** **Baltimore, MD 21117-4871**

**TITLE** **P** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **4045 NW 64th St., Suite 300**  
**CITY-ST-ZIP**

**TITLE** **S** ☐ **Change** ☐ **Addition**  
**NAME** **Barrett W. Freedlander**  
**STREET ADDRESS** **10075 Red Run Blvd.**  
**CITY-ST-ZIP** **Baltimore, MD 21117-4871**

**TITLE** **D** ☐ **Change** ☐ **Addition**  
**NAME** **David Sachs**  
**STREET ADDRESS** **10075 Red Run Blvd.**  
**CITY-ST-ZIP** **Baltimore, MD 21117-4871**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **4045 NW 64th St., Suite 300**  
**CITY-ST-ZIP**

**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:**

**SIGNATURE REQUIRED**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**8/9/01**  
**Date**

**888-810-0881**  
**Daytime Phone #**

CR2E034 (5/01)

A0081419

Attachment

A795000004815

Century Management Company  
Additional Director  
Question 11 of 2001 Uniform Business Report

D  
G. Edward Hughes  
10075 Red Run Blvd.  
baltimore, MD 21117-4871