

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

FILED  
Jun 02 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F96000003304 (0)**

1. Corporation Name

**WILLIAMS LEARNING NETWORK, INC.**



Principal Place of Business

**ONE WILLIAMS CENTER  
TULSA OK 74101  
US**

Mailing Address

**P O BOX 22067 TAX  
TULSA OK 74121  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/28/1996**

4. FEI Number

**73-1366340**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **30** Country

**29**

9. Name and Address of Current Registered Agent

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

Signature of person named in 9. (Registered agent and filer if applicable)

(Not if Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**S**  
**HIGBEE, DAVID M**  
**ONE WILLIAMS CENTER**  
**TULSA OK**

☐ DELETE

**D**  
**WILLIAMS, S MILLER**  
**ONE WILLIAMS CENTER**  
**TULSA OK**

☐ DELETE

**D**  
**BAILEY, KEITH E**  
**ONE WILLIAMS CENTER**  
**TULSA OK**

☐ DELETE

**D**  
**BOTHOF, DELWIN L**  
**ONE WILLIAMS CENTER**  
**TULSA OK**

☐ DELETE

**D**  
**BUMGARNER, JOHN C JR**  
**ONE WILLIAMS CENTER**  
**TULSA OK**

☐ DELETE

**D**  
**HERBSTER, JAMES R**  
**ONE WILLIAMS CENTER**  
**TULSA OK**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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 registered or trusted 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 amendment with an address

SIGNATURE

David M Higbee, Alister, 910 688-2698

CR2E034 (10/97)