

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003304

1. Entity Name
WILLIAMS LEARNING NETWORK, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90088 042 ***150.00

Principal Place of Business
**ONE WILLIAMS CENTER
TULSA OK 74101
US**

Mailing Address
**P O BOX 22067 TAX
TULSA OK 74121-2067
US**

2. Principal Place of Business

3. Mailing Address

**ONE WILLIAMS CTR
Suite, Apt. #, etc.
41-3**

Suite, Apt. #, etc.

City & State

Tulsa, OK

Zip

Country

74172

Country

4. FEI Number **73-1366340**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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, 2000 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	COB	<input type="checkbox"/> Delete
NAME	JANZEN, HOWARD E	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 34172	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	LAWSON, LINDA	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 34172	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURDGE, RONALD E	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 34172	
TITLE	S	<input type="checkbox"/> Delete
NAME	GEHRES, SHAWNA L	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 34172	
TITLE	GC	<input checked="" type="checkbox"/> Delete
NAME	BATOW, DAVID	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 34172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, KEITH E	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 34172	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT E. SCHUBERT	
STREET ADDRESS	ONE WILLIAMS CTR	
CITY-ST-ZIP	TULSA, OK 74172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK W. HUSBAND	
STREET ADDRESS	ONE WILLIAMS CTR	
CITY-ST-ZIP	TULSA, OK 74172	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELWIN L. BOTHOF	
STREET ADDRESS	ONE WILLIAMS CTR	
CITY-ST-ZIP	TULSA, OK 74172	

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:

Shawna Gehres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4/2/00 918-573-4221

Date Daytime Phone #

CFR2E034 (9/99)