F98000003673

To: Qualification/Tax Lien Section Division of Corporations	
Division of corporations	·
SUBJECT: Roberts/Schornick & Associate	
(Name of corporati	ion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	r Authorization to Transact Business in Florida", register the above referenced foreign corporation to
Please return all correspondence concerning this matter	000025737305 er to the following: -06/26/9801085003 *****78.75 ******78.75
Betsy Pain	
(Name o	of Person)
Roberts/Schornick & Asso	ociates, Inc.
(Firm/C	Company)
3700 W. Robinson, Suite	200
	dress)
•	
Norman, Oklahoma 73072	98 5
(City/Si	tate/Zip)
Should you need to call someone concerning this matt	ter, please call:
Betsy Pāin at (405	y 321-3895 ca Code & Daytime Telephone Number)
(Name of Person) (Are	ea Code & Daytime Telephone Number)
	mtn
COURIER ADDRESS:	MAILING ADDRESS: 6/26
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee El. 32399	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

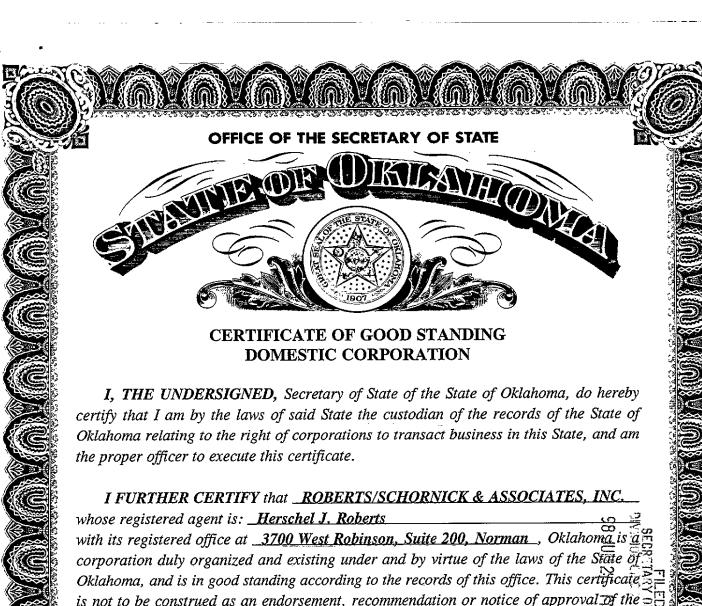
1.		Roberts/Schornick & Associates, Inc.		
,	(Name of corpor	ation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or		
	words or abbrevi	iations of like import in language as will clearly indicate that it is a corporation instead of a partnership if not so contained in the name at present.)		
	natural person of	particismp it not so contained in the table at prosents,		
	Oklahor	na 73-1286492		
2.		under the law of which it is incorporated) 3. 73-1288492 (FEI number, if applicable)		
((State or country			
4.	12-29-			
	(Date	e of incorporation) (Duration: Year corp. will cease to exist or "pen	petual")	
6.	Estimated	7-1-98		_
	(Date first	transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		-
7	3700 W. R	obinson, Suite 200	ယ္က	, -
′•				M
	Norman, C	klahoma 73072		<u> </u>
		(Current mailing address)	26	
			P	<u></u>
8.		pusiness- environmental consulting and engineering	E Ca2	<u></u>
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	0	AE
9.	Name and stre			
		eet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT accept	able)	៊ីវិ
	Name:	eet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT accept Gary Wiedeman	able)	ैं •
		Gary Wiedeman	able)	<u>.</u> .
Of	Name: _		able)	<u>.</u>
Of		Gary Wiedeman 1850 Colonial Drive	able	
Of		Gary Wiedeman	able)	ंडे
	fice Address:	Gary Wiedeman 1850 Colonial Drive Green Cove Springs , Florida, 32042 (Zip code)	able)	
	fice Address:	Gary Wiedeman 1850 Colonial Drive Green Cove Springs ,Florida, 32042	able)	
10.	fice Address:	Gary Wiedeman 1850 Colonial Drive Green Cove Springs , Florida, 32042 (Zip code) gent's acceptance:	-	designated
10. <i>Ha</i>	fice Address: Registered a	Gary Wiedeman 1850 Colonial Drive Green Cove Springs , Florida, 32042 (Zip code) gent's acceptance: d as registered agent and to accept service of process for the above stated corporation at the	he place	
10. Hain in a con	fice Address: Registered a wing been name this application, mply with the properties.	Gary Wiedeman 1850 Colonial Drive Green Cove Springs , Florida, 32042 (Zip code) gent's acceptance: d as registered agent and to accept service of process for the above stated corporation at to I hereby accept the appointment as registered agent and agree to act in this capacity. I for ovisions of all statutes relative to the proper and complete performance of my duties, and	he place urther ag	ree to
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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A	DIDECTORS	(Street address	anly - P O	Box NOT	accentable)
Α.	DIKES. LUKS	ISTREET AUUTESS	i ouri - r.v.	. DUX ITU I	acceptable

Chairman: _	Webster D. Bennam III
Address:	1514 Circle Glen
	Edmond, OK 73003
Director Vice Chairm	William E. Allison
Address:	2612 Tahoe Drive
	Edmond, OK 73013
Director:	Lärry W. Roach
Address:	12223 S. Villa
	Oklahoma City, OK 73170
Director:	Bert J. Smith
Address:	711 N.W. 36th St.
_	Norman, OK 73072
B. OFFICE	CRS (Street address only - P.O. Box NOT acceptable)
President:	H. Michael Schornick
Address:	4000 Innsbrook Ct.
	Norman, OK 73072
Vice Presider	Herschel J. Roberts
Address:	1107 Manor Dr.
	Norman, OK 73072
Secretary: _	Herschel J. Roberts
Address:	Same as above
Treasurer: _	H. Michael Schornick
Address:	Same Same
NOTE: If r	ecessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Am Coting
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14H	. Michael Schornick, President (Typed or printed name and capacity of person signing application)
	(1) poor of printed name and capacity of person signing application)



is not to be construed as an endorsement, recommendation or notice of approval of the corporation's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma, at the City of Oklahoma City, this 24th day of June , 1998.

Secretary of State