

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

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Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90012 037 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003767

1. Corporation Name
AMERICAN OUTDOOR RECREATION, INC.



Principal Place of Business 1 N. FIELD CT. LAKE FOREST IL 60045-4811	Mailing Address 1 N. FIELD CT. LAKE FOREST IL 60045-4811
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1998	
21		26		4. FEI Number 36-4153221	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DAWSON, JIM W	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6101 E. APACHE	1.2 NAME	PONTIUS, W.J.
STREET ADDRESS	TULSA OK 74115	1.3 STREET ADDRESS	6101 E. APACHE
CITY-ST-ZIP	TULSA OK 74115	1.4 CITY-ST-ZIP	TULSA, OK 74115
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIGGERS, MICHAEL K	2.2 NAME	
STREET ADDRESS	6101 E. APACHE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74115	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, RICHARD S	3.2 NAME	
STREET ADDRESS	1 N. FIELD CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL 60045-4811	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELISKO, JUDITH P	4.2 NAME	
STREET ADDRESS	1 N. FIELD CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL 60045-4811	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GEOFFREY T	5.2 NAME	
STREET ADDRESS	1 N. FIELD CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL 60045-4811	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITZ, MICHAEL D	6.2 NAME	
STREET ADDRESS	1 N. FIELD CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL 60045-4811	6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Judith P. Zelisko* **JUDITH P. ZELISKO** VICE PRESIDENT **847-735-4700**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORP/11/09A

AMERICAN OUTDOOR RECREATION, INC.
LIST OF OFFICERS AND DIRECTORS

576 402-90012-37
F98000003767

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
PRESIDENT	PONTIUS, W.J.	6101 E. APACHE, TULSA, OK. 74115
VICE PRESIDENT	DRIGGERS, M. K.	6101 E. APACHE, TULSA, OK. 74115
VICE PRESIDENT	ZELISKO, J. P.	1 N. FIELD CT., LAKE FOREST, IL. 60045-4811
VICE PRESIDENT	O'BRIEN, R. S.	1 N. FIELD CT., LAKE FOREST, IL. 60045
SECRETARY	SCHMITZ, M. D.	1 N. FIELD CT., LAKE FOREST, IL. 60045-4811
TREASURER	SMITH, G.T.	1 N. FIELD CT., LAKE FOREST, IL. 60045-4811
DIRECTOR	PONTIUS, W.J.	6101 E. APACHE, TULSA, OK. 74115
DIRECTOR	DRIGGERS, M. K.	6101 E. APACHE, TULSA, OK. 74115
DIRECTOR	SCHMITZ, M. D.	1 N. FIELD CT., LAKE FOREST, IL. 60045-4811