

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000005291**1. Entity Name
ONEOK POWER MARKETING COMPANYPrincipal Place of Business
100 WEST FIFTH STREET
TULSA OK 74103Mailing Address
P.O. BOX 871
TULSA OK 74102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
73-1515508

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY**
1201 HAYS STREET**TALLAHASSEE FL**
32301**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 _____ **01/22/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 AS ☐ Delete
NAME HOLLADAY LORENE D
STREET ADDRESS P.O. BOX 266
CITY-ST-ZIP CATOOSA OK 74015TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME DEWARE WILLIAM
STREET ADDRESS 6813 EAST 117 PLACE
CITY-ST-ZIP BIXBY OK 74008TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CS ☐ Delete
NAME BARNES DEBORAH
STREET ADDRESS 2660 SOUTH BOSTON AVENUE
CITY-ST-ZIP TULSA OK 74114TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VCFO ☐ Delete
NAME KNEALE JAMES C
STREET ADDRESS 5709 EAST 106 STREET
CITY-ST-ZIP TULSA OK 74137TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PCOO ☐ Delete
NAME KYLE DAVID L
STREET ADDRESS 4616 EAST 94 STREET
CITY-ST-ZIP TULSA OK 74137TITLE P ☒ Change ☐ Addition
NAME SKOOG CHRISTOPHER R
STREET ADDRESS 3706 ORANGE CIRCLE
CITY-ST-ZIP BROKEN ARROW OK 74011TITLE CCEO ☐ Delete
NAME BRUMMETT LARRY W
STREET ADDRESS 10520 S HUDSON PLACE
CITY-ST-ZIP TULSA OKTITLE ☒ Change ☐ Addition
NAME KYLE DAVID L
STREET ADDRESS 4616 EAST 94TH STREET
CITY-ST-ZIP TULSA OK 74137

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: JAMES C. KNEALE**VCFO 01/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)