

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91192 015 ***150.00

06/27/01 MR

DOCUMENT # F98000005924

1. Entity Name
HAROLD'S STORES, INC.



Principal Place of Business
765 ASP.
NORMAN OK 73069

Mailing Address
765 ASP.
NORMAN OK 73069



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 **73-1308796**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **WILLIAM, HASLAM**
STREET ADDRESS **5508 LONAS RD**
CITY-ST-ZIP **KNOXVILLE TN 37909**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CASEY, REBECCA P**
STREET ADDRESS **5919 MAPLE AVENUE**
CITY-ST-ZIP **DALLAS TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **TAYLOR, JODI L**
STREET ADDRESS **765 ASP**
CITY-ST-ZIP **NORMAN OK 73069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☐ Delete
NAME **HINKLEY, CLARK**
STREET ADDRESS **5919 MAPLE AVENUE**
CITY-ST-ZIP **DALLAS TX 75235**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CASEY, MICHAEL T**
STREET ADDRESS **3290 NORTHSIDE PKWY STE 225**
CITY-ST-ZIP **ATLANTA GA 30327**

TITLE ☐ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **ROBERT ANDERSON**
CITY-ST-ZIP **3290 NORTHSIDE PKWY STE 225**
ATLANTA, GA 30327

TITLE **VD** ☒ Delete
NAME **ROW, KENNETH C**
STREET ADDRESS **765 ASP**
CITY-ST-ZIP **NORMAN OK**

TITLE ☐ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **JAMES ABRAMS**
CITY-ST-ZIP **5919 MAPLE AVENUE**
DALLAS, TX 75235

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

DIRECTOR
MARGARET GILLIAM
5919 MAPLE AVENUE
DALLAS, TX 75235

#F98600005924
20031686

DIRECTOR
LEONARD SNYDER
5919 MAPLE AVENUE
DALLAS, TX 75235

DIRECTOR
HOWARD LESTER
5919 MAPLE AVENUE
DALLAS, TX 75235
