2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2001 8:00 am Secretary of State DOCUMENT # F9900003013 1. Entity Name GULFSTREAM FINANCIAL SERVICES OF OKLAHOMA, INC. 04-18-2001 90025 042 ***150.00 Principal Place of Business Mailing Address 6307 WATERFORD BLVD 6307 WATERFORD BLVD SUITE 200 SUITE 200 OKLAHOMA CITY OK 73118 OKLAHOMA CITY OK 73118 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 73-1493092 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE HOMSEY, GREG NAME NAME STREET ADDRESS 6307 WATERFORD BLVD #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OKLAHOMA CITY OK 73118** ☐ Addition ☐ Delete Change TITLE HOMSEY, MARIATERESA C NAME NAME 6307 WATERFORD BLVD #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OKLAHOMA CITY OK 73118** Change Addition ☐ Delete TITL F TITLE KIRBY, THOMAS M NAME NAME STREET ADDRESS 6307 WATERFORD BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKLAHOMA CITY OK 73118 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 surplemental 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:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date