

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

May 30, 2000 8:00 am  
Secretary of State

04-25-2000 90148 012 \*\*\*150.00

DOCUMENT # F99000004295

1. Entity Name

WILLIAMS LOCAL NETWORK, INC.

Principal Place of Business

Mailing Address

ONE WILLIAMS CENTER  
TULSA OK 74172ONE WILLIAMS CENTER  
TULSA OK 74172-0150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

73-1569718

APPLIED FOR

Applied For

Not Applicable

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	JANZEN, HOWARD E	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BOTHOF, DELWIN L	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	KENNY, LAURA A	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> Delete
NAME	SCHUBERT, SCOTT E	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> Delete
NAME	SCHMIGLE, PATTI L	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SEMPEL, FRANK M	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK 74172	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

Shawnal Gehees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawnal Gehees, 4/5/00 918-573-4221

Date

Daytime Phone #

CR2E034 (9/99)