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Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P17738** (6)  
1. Corporation Name  
**LAUFEN INTERNATIONAL, INC.**



Principal Place of Business  
**4942 EAST 66TH STREET NORTH  
TULSA OK 74117**

Mailing Address  
**P.O. BOX 6600  
TULSA OK 74156**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/22/1988</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>73-1139950</b>	Applied for Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>DIRECTOR</b>
NAME	<b>CONNOR, MICHAEL P</b>	1.2 NAME	<b>DONALD E OLSEN</b>
STREET ADDRESS	<b>1810 EAST 43RD STREET</b>	1.3 STREET ADDRESS	<b>10233 SANDYVILLE RD. S.E.</b>
CITY-ST-ZIP	<b>TULSA OK 74105</b>	1.4 CITY-ST-ZIP	<b>E. SPARTA, OH 44626</b>
TITLE	<b>ST</b>	2.1 TITLE	
NAME	<b>GOHRINGER, ANDREAS</b>	2.2 NAME	
STREET ADDRESS	<b>230 EAST 27TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TULSA OK 74114</b>	2.4 CITY-ST-ZIP	
TITLE	<b>A-ST</b>	3.1 TITLE	
NAME	<b>HOOD, BETH B WEST</b>	3.2 NAME	
STREET ADDRESS	<b>623 NORTH 120TH STREET SOUTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENKS OK 74037</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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.

SIGNATURE:

*Beth B Hood*

*1/17/98 (918) 428-3851*

CR2E034 (10/97)