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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P19518 (0)  
1. Corporation Name  
WILLIAMS ACQUISITION HOLDING COMPANY, INC.



Principal Place of Business  
ONE WILLIAMS CENTER  
P O BOX 2400 48-6  
TULSA OK 74102  
US

Mailing Address  
ONE WILLIAMS CENTER  
P O BOX 2400 48-6  
TULSA OK 74102-2400  
US

3. Date Incorporated or Qualified 06/03/1988  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number 12-1633269  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUMGARNER, J.C., JR.	
STREET ADDRESS	ONE WILLIAM CENTER	
CITY-ST-ZIP	TULSA OK	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BAILEY, K.E.	
STREET ADDRESS	ONE WILLIAM CENTER	
CITY-ST-ZIP	TULSA OK	
TITLE	ASO	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, K.E.	
STREET ADDRESS	ONE WILLIAM CENTER	
CITY-ST-ZIP	TULSA OK	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	MCCARTHY, JACK D.	
STREET ADDRESS	ONE WILLIAM CENTER	
CITY-ST-ZIP	TULSA OK	
TITLE	VAST	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, J. FURMAN	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HIGBEE, DAVID M.	
STREET ADDRESS	ONE WILLIAM CENTER	
CITY-ST-ZIP	TULSA OK	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	M
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V/T/O/AS
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V/AS/AT
5.3 STREET ADDRESS	VON GLANN, William G.
5.4 CITY-ST-ZIP	ONE WILLIAMS CENTER TULSA, OK 74172
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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, Change, or in an attachment with an address.

SIGNATURE:

DAVID M. HIGBEE 4/16/97 1918588-2246

CR2E034 (9/96)