

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P19518**1. Entity Name
WILLIAMS ACQUISITION HOLDING COMPANY, INC.

Principal Place of Business	Mailing Address
ONE WILLIAMS CENTER	ONE WILLIAMS CENTER
TULSA	41-3
74102	TULSA
US	74172
OK	US
OK	OK

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
12-1633269

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROADPLANTATION 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 _____ **03/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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	AT	<input type="checkbox"/> Delete
NAME	HUSBAND MARK W	
STREET ADDRESS	ONE WILLIAM CENTER	
CITY-ST-ZIP	TULSA FL 74172	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	SHAWNA GEHRES L	
STREET ADDRESS	ONE WILLIAM CENTER	
CITY-ST-ZIP	TULSA OK 74172	

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

TITLE	VAST	<input type="checkbox"/> Delete
NAME	VON GLAHN WILLIAM G	
STREET ADDRESS	ONE WILLIAMS CENTER	
CITY-ST-ZIP	TULSA OK	

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

TITLE	VTDS	<input type="checkbox"/> Delete
NAME	MCCARTHY JACK D.	
STREET ADDRESS	ONE WILLIAM CENTER	
CITY-ST-ZIP	TULSA OK	

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	BAILEY, K.E.	
STREET ADDRESS	ONE WILLIAM CENTER	
CITY-ST-ZIP	TULSA OK	

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUMGARNER, J.C., JR.	
STREET ADDRESS	ONE WILLIAM CENTER	
CITY-ST-ZIP	TULSA OK	

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: Shawna L. Gehres

S

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)