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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P33361** **(7)**

1. Corporation Name
SHOPPERS CALCULATORS, INC.

Principal Place of Business	Mailing Address
5100 E. SKELLY DR. SUITE 1080 TULSA OK 74135-6552	5100 E. SKELLY DR. SUITE 1080 TULSA OK 74135-6552

3. Date Incorporated or Qualified: 03/28/1991
3a. Date of Last Report: 03/14/1996
4. FEI Number: 73-1351610 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOOD, CHARLES H.		1.2 NAME	
STREET ADDRESS	5100 E. SKELLY DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74135-6552		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, GARY W		2.2 NAME	
STREET ADDRESS	5100 E. SKELLY DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74135-6552		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, LYNN		3.2 NAME	
STREET ADDRESS	2400 1ST PLACE TOWER, 15 E. 5TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74103		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CONDON, JOHN W		4.2 NAME	
STREET ADDRESS	5100 E. SKELLY DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74135-6552		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BARNETT, J. LARRE		5.2 NAME	
STREET ADDRESS	5100 E. SKELLY DR., #1080		5.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74135-6552		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ESTEF, SUE		6.2 NAME	
STREET ADDRESS	5100 E. SKELLY DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74135-6552		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/17/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0500934